

*THE HEALTH OF BRADFORD* 1952



# **The Health of Bradford**

---

**1952**

THE ANNUAL REPORT OF THE MEDICAL OFFICER  
OF HEALTH AND SCHOOL MEDICAL OFFICER

*JOHN DOUGLAS, M.D., D.P.H*



	Page
SECTION 1 SOCIAL CIRCUMSTANCES AND VITAL STATISTICS .. .. .	1
(Vital Statistics; Population; Births; Deaths; Infant Mortality)	
SECTION 2 INFECTIOUS AND OTHER DISEASES ..	7
(Notifiable Diseases; Diphtheria; Scarlet Fever; Smallpox; Measles; Whooping Cough; Erysipelas; Ophthalmia Neonatorum; Pemphigus Neonatorum; Typhoid Fever; Paratyphoid Fever; Anthrax; Cerebro-spinal Meningitis; Pneumonia; Influenza; Acute Anterior Poliomyelitis; Salmonella Infection; Infective Enteritis; Food Poisoning; Bacillary Dysentery; Vaccination and Immunisation; Tuberculosis—The Bradford Chest Clinic; Venereal Diseases; New Claims for Sickness Benefit)	
SECTION 3 SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS ..	23
(Administration; Co-ordination and Co-operation with other Parts of the National Health Service; Joint Use of Staff; Voluntary Organisations; Care of Expectant and Nursing Mothers and Children under School Age; Domiciliary Midwifery; Health Visiting; Home Nursing; Vaccination and Immunisation; Ambulance Service; Prevention, Care and After-care; Domestic Help; Health Education; Mental Health)	
SECTION 4 CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES ..	69
SECTION 5 SCHOOL HEALTH SERVICE .. ..	73
(Staff; School Health Service; Treatment of Warts and Enuresis; Medical Inspection; Special Educational Treatment; Cases Seen by Ophthalmic Surgeon; Diphtheria Immunisation; Children's Feet; Infectious Diseases; Co-operation of Parents, Teachers, etc.; Routine Medical Inspections; Vermin Infestation; Physiotherapy Report; Ultra-violet Ray Therapy; Langley Residential School; Margaret McMillan School for Educationally Sub-normal Children; Lister Lane Special School for Physically Handicapped Pupils; Daisy Hill Partially Sighted School; Odsal House School for the Deaf; Linton Residential Recovery School; Lip Reading; Speech Therapy; Child Guidance Clinic; Dental Report; Medical Inspection Returns)	

	Page
SECTION 6 INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES .. ..	115
(Food Premises; Milk Supply; Ice Cream; Food and Drugs; Pharmacy and Poisons; Fertilisers and Feeding Stuffs; Meat Inspection; Other Foods)	
SECTION 7 ENVIRONMENTAL HYGIENE .. ..	131
(District Inspection; Common Lodging Houses; Hygiene in Factories, Workplaces; Outworkers; Rag Flock and other Filling Materials; Shops Act; Rodent Control; Smoke Abatement; Measurement of Atmos- pheric Pollution; Housing; Bradford Corporation Act, 1949; Disinfection and Disinfestation; Water Supply)	
APPENDIX .. .. .	153
Report of a Glutamic Acid Therapeutic Trial (abridged)	
TABLES	
Table 1 Dental Care of Expectant and Nursing Mothers and Pre-school Children	
„ 2 Grading of Food Premises	
„ 3 Number of Samples Procured and Examined	
„ 4 Feeding Stuffs Samples Taken	
„ 5 Fertilizers Samples Taken	
„ 6 Meat Inspection—Carcases Inspected and Condemned	
„ 7 „ „ Whole Carcases and Offal Condemned	
„ 8 „ „ Partial Carcases and Organs Condemned	
„ 9 „ „ Total Weight of Meat Condemned	
„ 10 Various Condemned Foods	
„ 11 Condemned Tinned Goods	
„ 12 Sanitary Inspections	
„ 13 Factories, Inspections for Purposes of Pro- visions as to Health	
„ 14 Work Executed in Factories and Workplaces	
„ 15 Outworkers' List, Section 110	
„ 16 Inspections and Contraventions under the Shops' Act, 1950	
„ 17 Inspections and Action under Food and Drugs Act, 1938, and Shops' Act, 1950	
„ 18 Atmospheric Pollution—Mean Monthly Deposits	
„ 19 „ „ Annual Deposits, 1942-1952	
„ 20 Housing Statistics	

**Health Committee**

THE LORD MAYOR

*Chairman:* ALDERMAN K. CHAMBERS, C.B.E., LL.D., J.P.

*Deputy Chairman:* COUNCILLOR J. McKEE

Alderman D. BLACK	Councillor F. H. GREENWOOD
„ F. W. BODDY	„ J. N. HORSFALL
„ F. DUCE, J.P.	„ J. E. LINDSEY
„ F. G. WOODGATE	„ R. C. RUTH
Councillor H. AMBLER	„ A. WALKER
„ A. BARBER, J.P.	„ H. R. WALKER
„ N. FIENBURGH, J.P.	„ A. WALTON
„ L. GARDINER	

and

Mr. G. A. CRAIG.

Dr. C. P. HEYWOOD

Dr. G. PRIESTMAN

**Standing Sub-Committees**

**General Purposes**

THE LORD MAYOR

*Chairman:* ALDERMAN K. CHAMBERS, C.B.E., LL.D., J.P.

*Deputy Chairman:* COUNCILLOR J. McKEE

Alderman F. G. WOODGATE	Councillor R. C. RUTH
Councillor N. FIENBURGH, J.P.	„ H. R. WALKER
„ J. E. LINDSEY	„ A. WALTON

**Maternity and Child Welfare**

THE LORD MAYOR

*Chairman:* ALDERMAN K. CHAMBERS, C.B.E., LL.D., J.P.

*Deputy Chairman:* COUNCILLOR J. McKEE

Alderman D. BLACK

Councillor L. GARDINER

„ N. FIENBURGH, J.P.

„ J. N. HORSFALL

and

Mrs. LEACH

Mrs. McDERMOTT

Mrs. WESTMAN

**Mental Welfare**

THE LORD MAYOR

*Chairman:* ALDERMAN K. CHAMBERS, C.B.E., LL.D., J.P.

*Deputy Chairman:* COUNCILLOR J. McKEE

Alderman D. BLACK

Councillor A. BARBER, J.P.

„ F. DUCE, J.P.

„ F. H. GREENWOOD

Councillor H. AMBLER

„ R. C. RUTH

and

Mrs. KILFORD

Mrs. SUGDEN

Mrs. TITTERINGTON

**Care and After-Care**

THE LORD MAYOR

*Chairman:* ALDERMAN K. CHAMBERS, C.B.E., LL.D., J.P.

*Deputy Chairman:* COUNCILLOR J. McKEE

Alderman F. W. BODDY

Councillor A. WALKER

Councillor H. AMBLER

„ A. WALTON

„ J. N. HORSFALL

and

three representatives of three organisations

Mrs. F. HORSFIELD

A. F. MOMBERT, J.P.

J. PHILLIPS, J.P.



## Education Committee

THE LORD MAYOR

*Chairman:* ALDERMAN F. W. BODDY

*Deputy Chairman:* COUNCILLOR W. I. WHITEOAK

Alderman R. BARBER, J.P.	Councillor N. FIENBURGH, J.P.
„ K. CHAMBERS, C.B.E.,	„ L. GARDINER
LL.D., J.P.	„ J. T. GARNETT
„ F. DUCE, J.P.	„ W. M. HIRD
„ N. W. DURRANT	„ F. C. HOPKINSON
„ H. W. SEMPER, J.P.	„ F. HUNTLEY
„ A. WARD	„ J. McKEE
„ F. G. WOODGATE	„ R. C. RUTH
Councillor J. BACKHOUSE	„ J. E. B. SINGLETON
„ A. BARBER, J.P.	„ J. W. TAYLOR
„ N. BYATT	„ J. L. TYSON
„ L. COWGILL	„ K. WARNETT
„ A. CROWTHER	„ R. WEATHERHEAD
„ E. ENGLAND	

and

Mrs. BRIGGS

Mrs. LEWIS

Mrs. LEACH

G. G. STANSFIELD

## Joint Health and Education Sub-Committee

THE LORD MAYOR

*Chairman:* ALDERMAN K. CHAMBERS, C.B.E., LL.D., J.P.

Alderman F. W. BODDY	Councillor J. McKEE
„ F. G. WOODGATE	„ H. R. WALKER
Councillor A. CROWTHER	„ W. I. WHITEOAK

and

Mrs. BRIGGS



## Preface

---

The following report on the health of the City of Bradford has been compiled along the lines laid down by the Ministry of Health.

The chief feature of this report for 1952 is the inclusion in it of a Special Survey of Local Health Services Provided under the National Health Service Acts. In Circular 29/52, the Ministry of Health requested that this survey be made for inclusion in this report. An advance copy was forwarded to the Ministry in February of this year. The survey includes an account of the services existing at the end of 1952, a general review of their working as part of the wider National Health Service, and particulars of the nature and results of the steps taken in Bradford to link them up with other parts of the National Service.

In former years, the particular services provided under the National Health Service Acts were described in separate sections of the annual report. As these services are dealt with fully in the survey, the separate sections have been omitted to avoid repetition.

In October of this year Dr. Harold Vallow retired after 40 year's service, firstly as Tuberculosis Officer to the Bradford Corporation, and after 1948, as Senior Chest Physician in the Bradford area of the Leeds Regional Hospital Board. Dr. Vallow was the first officer to be appointed to direct tuberculosis work in this City, and shortly after his appointment in 1912, the Tuberculosis Dispensary (afterwards called the Anti-tuberculosis Centre), was opened in Howard Street. These premises were in use until November of this year, when the Bradford Chest Clinic was established at St. Luke's Hospital.

I would pay tribute to the great service Dr. Vallow has rendered to the community, and I wish him well in his retirement.

JOHN DOUGLAS  
Medical Officer of Health  
and School Medical Officer.



**Social Circumstances and Vital Statistics**

VITAL STATISTICS

POPULATION

BIRTHS

DEATHS

INFANT MORTALITY



## Social Circumstances and Vital Statistics

The social circumstances of the City were dealt with exhaustively in the 1951 Report, and inasmuch as there are no significant changes it is not proposed to discuss this subject in the present report.

Likewise there is little of outstanding moment in the vital statistics, and an abridged comment only is here included.

### Vital Statistics

The following are extracts from the vital statistics for 1952, with some of the comparable figures for 1951:—

	1952	1951
Crude birth rate per 1,000 population .. ..	15·9	
<i>Birth rate</i> as adjusted by factor .. ..	16·0	16·4
Crude death rate per 1,000 population .. ..	13·7	
<i>Death rate</i> as adjusted by factor .. ..	13·2	14·9
<i>Infantile mortality rate</i> per 1,000 live births ..	33·0	43·6
<i>Neo-natal mortality rate</i> per 1,000 live births ..	20·0	21·6
<i>Stillbirth rate</i> per 1,000 total births .. ..	30·0	23·9
<i>Maternal mortality rate</i> per 1,000 total births ..	0·84	1·23
Tuberculosis rates per 1,000 total population:—		
(a) Primary notifications—		
Respiratory .. .. .	0·86	
Non-respiratory .. .. .	0·15	
(b) Deaths—		
Respiratory .. .. .	0·23	0·30
Non-respiratory .. .. .	0·03	0·06

### Population

The Annual Report for 1951 contains a full analysis of the population of the area. There is little to add in this year.

The population is estimated by the Registrar General to be 288,000; a decrease of 4,300 from the 1951 census figure of 292,300. It is difficult to account for the decrease, but it must be noted that the difference between the census figure and the mid-year estimate for the following year does not necessarily reflect the true change in population which took place.

## Births

The birth rate of 16·0 is a decrease on the previous year. The rate since the 1931–35 period has been as follows:—

1931–5	1936–40	1941–5	1946	1947	1948	1949	1950	1951	1952
13·5	13·1	14·5	19·3	22·2	18·8	17·3	16·7	16·4	16·0

There were 144 stillbirths compared with the 117 of 1951.

The following table indicates the number of live and stillbirths by sex and legitimacy:—

		<i>Total</i>	<i>Legitimate</i>	<i>Illegitimate</i>
LIVE BIRTHS	Males	2386	2214	172
	Females	2214	2087	127
STILL BIRTHS	Males	75	70	5
	Females	69	60	9



## Deaths

There were 3,945 deaths (1,965 males and 1,980 females) during the year, compared with 4,456 deaths in 1951.

The following table shows the number, by sex, who died from the various causes:—

	<i>Males</i>	<i>Females</i>
Tuberculosis—		
Respiratory .. .. .	42	25
Non-respiratory .. .. .	3	8
Syphilitic disease .. .. .	8	9
Diphtheria .. .. .	0	0
Whooping Cough .. .. .	0	0
Meningococcal infections .. .. .	1	0
Acute poliomyelitis .. .. .	1	0
Measles .. .. .	1	0
Other infective and parasitic diseases .. .. .	1	2
Malignant neoplasm—lung, bronchus .. .. .	81	19
"      "      stomach .. .. .	49	47
"      "      breast .. .. .	1	71
"      "      uterus .. .. .	0	45
Other malignant and lymphatic neoplasms .. .. .	179	153
Leukaemia and aleukaemia .. .. .	9	3
Diabetes .. .. .	7	17
Vascular lesions of nervous system .. .. .	266	323
Coronary disease, angina .. .. .	347	209
Hypertension with heart disease .. .. .	60	59
Other heart disease .. .. .	249	457
Other circulatory disease .. .. .	71	72
Influenza .. .. .	9	3
Pneumonia .. .. .	93	73
Bronchitis .. .. .	171	82
Other diseases of respiratory system .. .. .	12	18
Ulcer of stomach and duodenum .. .. .	19	7
Gastritis, enteritis and diarrhoea .. .. .	8	7
Nephritis and nephrosis .. .. .	32	31
Hyperplasia of prostate .. .. .	14	0
Pregnancy, childbirth, abortion .. .. .	0	4
Congenital malformations .. .. .	16	10
Other defined and ill-defined diseases .. .. .	123	156
Motor vehicle accidents .. .. .	12	9
All other accidents .. .. .	55	51
Suicide .. .. .	24	8
Homicide and operations of war .. .. .	1	2

## Infant Mortality

Deaths of infants under one year of age numbered 155 (141 legitimate and 14 illegitimate), giving a record low infantile mortality rate of 33. The rate is now less than one half of the rates recorded in the years immediately preceding the 1939–45 war; a most pleasing fact to report.



### Infectious and Other Diseases

#### NOTIFIABLE DISEASES

DIPHTHERIA

SCARLET FEVER

SMALLPOX

MEASLES

WHOOPING COUGH

ERYSIPELAS

OPHTHALMIA NEONATORUM

PEMPHIGUS NEONATORUM

TYPHOID FEVER

PARATYPHOID FEVER

ANTHRAX

CEREBRO-SPINAL MENINGITIS

PNEUMONIA

INFLUENZA

ACUTE ANTERIOR POLIOMYELITIS

SALMONELLA INFECTION

INFECTIVE ENTERITIS

FOOD POISONING

BACILLARY DYSENTERY

VACCINATION AND IMMUNISATION

TUBERCULOSIS—THE BRADFORD CHEST CLINIC

VENEREAL DISEASES

NEW CLAIMS FOR SICKNESS BENEFIT

TABLE 1. *Number of Notifications of Infectious Diseases, 1932-1952.*

	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria.. ..	321	380	846	930	891	872	631	353	246	317	361	588	717	441	144	37	15	19	..	1	..
Scarlet Fever ..	781	997	1,588	1,230	1,194	867	890	771	309	302	946	1,543	820	703	409	464	765	531	490	291	626
Enteric Fever ..	48	17	7	8	10	9	4	28	26	13	8	2	2	3	8	4	..	..	..	110	2
Cerebro-Spinal Meningitis	9	10	1	10	9	21	13	6	67	72	85	32	41	24	16	24	14	12	7	3	4
Measles .. ..	2,774	4,186	2,878	2,505	3,663	1,682	4,724	742	3,780	1,734	5,328	803	551	4,449	64	4,808	1,027	3,406	3,018	3,771	3,401
German Measles ..	94	125	337	1,736	189	93	131	181	254	115	224	622	1,412	98	228	423	1,181	190	125	94	1,054
Whooping Cough ..	1,855	697	958	1,400	1,301	1,184	1,713	193	491	1,958	1,348	781	495	682	942	631	1,404	347	1,623	1,273	634
Infective Enteritis ..	56	61	11	2	7	41	22	41	5	11	13	2	2	252	98	259	212	107	445	372	253
Erysipelas .. ..	130	171	177	147	176	144	168	159	147	138	121	123	115	90	95	104	104	101	119	103	97
Puerperal Pyrexia ..	42	44	28	40	41	56	57	67	82	43	30	24	25	22	25	40	47	23	24	13	20
Puerperal Fever ..	25	17	18	5	20	6	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
Ophthalmia Neonatorum	15	18	23	13	23	28	21	12	15	19	13	20	13	15	36	29	25	16	20	12	9
Poliomyelitis .. ..	1	2	..	5	1	..	..	1	2	..	2	..	4	..	3	86	8	29	52	12	13
Polio-Encephalitis ..	..	..	..	1	1	1	..	..	1	..	..	..	..	1	1	5	..	3	2	1	..
Encephalitis Lethargica ..	1	2	1	2	2	1	2	..	2	1	1	..	3	2	..	1	..	..	..	..	..
Chicken Pox .. ..	1,475	1,646	1,720	2,169	1,276	1,788	1,705	1,352	1,544	1,228	1,276	1,623	1,413	805	801	927	1,599	1,268	1,639	2,029	3,068
Pulmonary Tuberculosis..	312	305	273	232	274	253	194	237	161	167	195	182	150	165	170	168	207	276	249	230	280
Non-Pulmonary Tuberculosis	121	124	69	79	105	100	84	61	30	41	75	51	30	45	55	64	61	83	67	58	53
Anthrax .. ..	1	4	1	..	2	3	2	1	2	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia .. ..	631	636	337	361	499	514	428	342	382	490	506	430	195	251	241	289	338	445	399	494	407
Malaria .. ..	4	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery .. ..	25	12	26	57	24	35	33	72	129	102	213	86	70	101	61	16	138	..	574	322	175
Vincent's Angina ..	..	..	..	..	..	..	..	..	..	3	24	1	..	1	..	..	..	..	..	..	..
Pemphigus .. ..	..	..	..	..	..	..	..	1	18	6	3	..	8	..	..	..	..	..	..	2	3

**Infectious and Other Diseases**

The diseases "notifiable" in Bradford are: Smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus fever, typhoid fever, enteric fever, relapsing fever, plague, cerebral spinal fever, acute poliomyelitis, acute polio-encephalitis, acute encephalitis lethargica, ophthalmia neonatorum, puerperal pyrexia, malaria, infective enteritis, dysentery, acute primary pneumonia, acute influenzal pneumonia, measles, whooping cough, tuberculosis. In addition, food poisoning is notifiable under Section 17 of the Food and Drugs Act, 1938.

The notifications of infectious diseases are shown in Table 1.

No cases of diphtheria occurred in the City during the year. Scarlet fever notifications (626) were more than twice the number notified in 1951 and the condition remained mild. There were 3,401 cases of measles notified as against 3,771 during the previous year, and 1 death compared with 5 during 1951. Poliomyelitis cases were again comparatively few (13 with 1 death).

*Diphtheria*

Cases 0.

We are pleased to record that there were no cases of diphtheria in the City during the year.

*Scarlet Fever*

Cases 626. Deaths 0.

The number of cases of scarlet fever notified was nearly twice that notified in 1951. The disease continued to be mild, however, and there were no deaths.

TABLE 2 *Cases of Scarlet Fever Month by Month*

		Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of	Cases	22	27	49	36	37	24	28	31	41	70	152	109

### *Smallpox*

Cases 0.

No cases of smallpox occurred during 1952.

### *Measles*

Cases 3,401. Deaths 1.

There were 370 fewer cases of measles in 1952 than in 1951, and there was 1 death compared with 5 in the previous year.

### *Whooping Cough*

Cases 634. Deaths 0.

There were 634 cases of whooping cough as against 1,273 in the previous year. We are pleased to record that no deaths occurred as a result of the disease.

TABLE 3 *Age Incidence of Notifications*

	Under 1 Year	1 to 5	5 to 15	Over 15 years
Notifications	49	427	158	—

### *Erysipelas*

Cases 97. Deaths 0.

Ninety-seven cases of erysipelas were notified during the year.

### *Ophthalmia Neonatorum*

Cases 9. Deaths 0.

None of the 9 cases of ophthalmia neonatorum notified during the year resulted in any permanent visual disability.

### *Pemphigus Neonatorum*

Cases 3. Deaths 0.

The 3 cases of pemphigus neonatorum notified during the year were of a mild character.

## *Typhoid Fever*

Cases 2. Deaths 0.

Two cases of typhoid fever occurred during the year. The source of the outbreak was never discovered although it is quite possible that one of the cases was a chronic carrier. He had only lived in this country some three years, previously living in Hong Kong. Laboratory investigations of the relatives of these two cases, widely scattered throughout the country, yielded negative results.

## *Paratyphoid Fever*

Cases 0.

No cases of paratyphoid fever occurred during the year.

## *Anthrax*

Cases 0.

No cases of anthrax came to our notice during the year.

## *Cerebro-Spinal Meningitis*

Cases 4. Deaths 0.

The number of cases of cerebro-spinal meningitis remained low and all recovered.

## *Pneumonia*

Cases 407. Deaths 166.

There were 87 fewer cases notified and 43 fewer deaths than in 1951.

## *Influenza*

Deaths 12.

TABLE 4 *Deaths from Influenza, 1940-1952.*

Year ..	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Deaths	62	64	29	115	29	38	41	20	6	76	23	94	12

## *Acute Anterior Poliomyelitis*

Cases 13. Deaths 1.

Once again the City remained free of any heavy attack of acute anterior poliomyelitis.



TABLE 5 *End Results of Cases of Poliomyelitis*

Number		Severe Disability	Moderate Disability	Mild Disability	No Disability
Surviving (1) Paralytic	10	2	1	4	3
(2) Non-paralytic	2				
Deaths	1				
	<hr/>				
Total	13				
	<hr/>				

*Salmonella Infection*

Cases 30. Deaths 0.

Thirty cases of Salmonella infection were discovered during the year—mostly as a result of routing swabbing of contacts of cases of dysentery. In 28 cases the organism involved was Salmonella typhimurium; in 1 case Salmonella newport and in 1 case the organism was an unidentified Salmonella. Although all cases were followed up closely we were unable to discover how the infection had been acquired, but in no case was there any immediate association found with food.

*Infective Enteritis*

Cases 253. Deaths 15.

The term “infective enteritis” includes all manner of diarrhoea which came to the notice of the Department and to which we were unable to assign specific bacterial causes. All the notified cases were visited and specimens obtained as in the case of dysentery notifications. Table 6 shows the age distribution of cases of enteritis notified during the year.

TABLE 6 *Notifications of Infective Enteritis in Age Periods*

Age	No.
Under 1 ..	67
1— 5 ..	96
5—15 ..	30
15—25 ..	12
25—45 ..	31
45—65 ..	11
Over 65 ..	6
Total	253



## Food Poisoning

Cases 142. Deaths 0.

TABLE 7 *Summary of Details, 1952.*

*Food Poisoning Notifications returned to Registrar General*

1st Quarter	60
2nd Quarter	16
3rd Quarter	31
4th Quarter	35
Total	142

### *Outbreaks due to Identified Agents*

Total outbreaks—3

Total Cases—66

Outbreaks due to:—

(a)	Chemical poisons	..	..	..	Nil
(b)	Salmonella organisms	..	..	..	Nil
(c)	Staphylococci (including toxin)	..	..	..	Nil
(d)	C.I. botulinum	..	..	..	Nil
(e)	Cl. welchii	..	..	..	3
(f)	Other bacteria	..	..	..	Nil

### *Outbreaks of Undiscovered Cause.*

Total outbreaks—2

Total cases—76

### *Single Cases*

There were no single cases of food poisoning during the year.

## Bacillary Dysentery

Sonne Dysentery—Cases 175. Deaths 0.

TABLE 8 *Number and Age Distribution of Cases of Sonne Dysentery*

Age	Under 1	1 to 5	5 to 15	15 and over
Number	16	60	44	55

TABLE 9 *Notifications of Sonne Dysentery month by month, 1951 and 1952.*

Month	Year	
	1951	1952
January	.. 31	15
February	.. 56	51
March	.. 46	28
April	.. 100	—
May	.. 44	—
June	.. 9	1
July	.. 7	10
August	.. 3	1
September	.. 1	1
October	.. —	8
November	.. —	20
December	.. 4	40
	301	175

## Vaccination and Immunisation

### *Smallpox Vaccination*

During the year 1952, there were 1,031 primary vaccinations and 886 revaccinations as against 1,043 primary and 761 revaccinations in 1951. It will be noted, therefore, that there has been a slight fall in the number of vaccinations, although health visitors have continued their efforts to encourage parents to have their children vaccinated against smallpox.

During the year, apart from vaccinations against smallpox, 37 people who intended to go abroad were inoculated by Local Authority medical officers with T.A.B. vaccine, 35 with cholera vaccine, 4 with tetanus vaccine and 3 with typhus vaccine.

### *Diphtheria Immunisation*

During the year, 5,787 children under 15 years of age were immunised against diphtheria, as against 4,584 children in 1951. Of this total, 4,529 were carried out by medical officers of the Health Department, and 1,258 by general practitioners. It is pleasing to record this excellent rise in the number of immunisations, which is no doubt the result of continuous effort on the part of medical officers and health visitors to encourage mothers to have their children protected against diphtheria. Only if these immunisations are maintained can we be certain of preventing diphtheria again gaining a foothold in the City.

On the 31st December it was estimated that 46 per cent of the children under 5 years of age, and 68 per cent in the age group 5-15 had been immunised against diphtheria.

### *Whooping Cough Immunisation*

The number of children immunised against whooping cough in 1952 was 364. As in previous years no special efforts were made to encourage immunisation; however, it is proposed shortly to take part with the Medical Research Council in a trial using three potent vaccines prepared by different methods, but all based on the now accepted Kendrick formula.

## Bradford Chest Clinic

D. K. Stevenson, M.B., Ch.B., M.R.C.P., *Senior Chest Physician*

In November 1952 the Bradford Chest Clinic removed from Howard Street, Bradford, where it had been housed since 1912, to temporary accommodation in St. Luke's Hospital. The new Chest Clinic, which is being built in St. Luke's Hospital, is not yet completed, but it is hoped that the building will be completed in 1953 and that the Chest Clinic will take up its permanent residence in the coming year.

The Bradford Chest Clinic is open daily and eleven sessions are held weekly. Sessions for new consultations, reviews, pneumothorax therapy, contact examination and sessions for B.C.G. vaccinations are undertaken at the Clinic. Separate clinics for children and an evening clinic for workers are also held.

The total number of attendances during the year 1952 was 16,743; an increase of 1,946 from 1951. The number of new cases examined in 1952 was 2,119; an increase of 400 from the previous year.

Patients diagnosed as cases of tuberculosis are shown in the following table:—

		Adults		Children	Total
		Male	Female		
(a)	Respiratory Tuberculosis . . . .	109	90	15	214
(b)	Non-respiratory Tuberculosis . .	6	4	11	21

Cases crossed off the register during the year are shown in the following table:—

			Respiratory		Non-respiratory		Totals	
Cases crossed off the register during the year			Adults	Children	Adults	Children	Adults	Children
(a)	Recovered . . . .		28	7	10	2	38	9
(b)	Died . . . .		49	2	2	2	51	4
(c)	Removed to other areas		39	1	3	1	42	2
(d)	For other reasons . .		47	16	5	4	52	20
							183	35

The number of persons on the Chest Clinic Register on 31st December 1952 is shown in the following table:—

Respiratory			Non-respiratory			Total		
Adults		Children	Adults		Children	Adults		Children
M.	F.		M.	F.		M.	F.	
717	489	89	51	45	55	768	534	144
Total 1,446								

The number of patients awaiting admission to sanatorium or hospital for treatment on 31st December, 1952, is shown in the following table:—

Respiratory			Non-respiratory			Total		
Adults		Children	Adults		Children	Adults		Children
M.	F.		M.	F.		M.	F.	
15	12	1	—	2	—	15	14	1

The health visitors paid 363 primary visits and 3,023 subsequent visits.

During the year 4,249 X-ray examinations were made and 2,738 specimens of sputum were examined at the Public Health Laboratory.

### *Thoracic Surgery*

Monthly consulting sessions with the Thoracic Surgeon are held at the Bradford Chest Clinic and cases are admitted to the main centre for thoracic surgery at the Bradford Royal Infirmary directly from the Clinic and indirectly through the sanatoria.

### *Contacts*

During 1952, 1,000 contacts were examined; 25 (2.5 per cent) were discovered to have tuberculous disease and on 31st December, 1952, 44 were still under observation.

### *Welfare of the Tuberculous—Care and After-care*

Cases of tuberculosis eligible for tuberculosis treatment allowances have been referred to the National Assistance Board and necessary medical evidence supplied. Patients are interviewed and helped at the Chest Clinic in claiming these allowances and a close co-operation with the officers of the Board has been maintained.

Cases under active treatment at home have been referred for extra nourishment which is considered as an essential part of their treatment; free milk is supplied by the Local Authority after assessment.

Recommendations for suitable work and training in individual cases have been made to the Ministry of Labour and discussions with the resettlement officer have been continued on his routine visits to the Clinic.

Close liaison has been maintained with the health visitors, hospital almoners and the various charitable organisations in all matters affecting the welfare of the tuberculous.

The following table shows the work done by the Welfare Department:—

	No. of cases
Priority certificates issued..	..908
Forms D.P.I.X. (Ministry of Labour) completed ..	.. 97
Interviews re treatment allowances and general welfare ..	..553

### **Venereal Diseases**

We are indebted to Dr. J. A. Burgess, Consultant Venereologist, for the following report:

Compared with the previous year the number of new cases of early (infectious) syphilis during 1952 fell by 39 per cent (31 to 19), and gonorrhoea by 43 per cent (125 to 71).

This speaks well for the efforts of all concerned in the prevention of these diseases and should have an important effect on the incidence of late lesions in the next two decades. On the other hand the good record of 1951, when there were no reported cases of congenital syphilis in children under one year of age, was spoiled by the discovery of one case of this preventable disease in 1952.

The number of cases attending the Special Treatment Centre found to have non-venereal conditions continued almost unchanged at 489 (the corresponding figure for the previous year was 479). This would appear to indicate that there has been no reduction in sexual promiscuity. It is interesting to note that from 1932 to 1940 inclusive the average annual number of non-venereal cases was 239.

The Medical Officer is grateful to his medical colleagues at the Hospital and the staff of the Special Treatment Centre for their never failing help.

The serological tests used in the diagnosis of venereal diseases continue to be in the hands of the Public Health Bacteriologist, and the efficiency of this Service contributes in no small degree to a successful working of the Clinic.

The number of new registrations and the attendances at the Clinic during the past 21 years are shown in Table 1.



TABLE 1 *Number of New Registrations and Attendances at Clinic, 1932-1952.*

Year	Venereal Diseases		Non-Venereal Diseases		Total Attendances	
	Male	Female	Male	Female	Male	Female
1932 .. ..	336	111	146	68	16,720	4,243
1933 .. ..	460	146	149	84	21,991	4,921
1934 .. ..	386	96	188	78	19,811	5,471
1935 .. ..	438	157	177	73	21,461	6,620
1936 .. ..	277	131	140	63	15,714	5,237
1937 .. ..	366	105	151	72	19,429	6,520
1938 .. ..	363	134	197	88	15,622	5,869
1939 .. ..	333	129	200	69	10,408	3,906
1940 .. ..	278	100	143	69	7,687	4,916
1941 .. ..	423	111	148	113	7,376	4,050
1942 .. ..	304	156	140	91	6,639	5,266
1943 .. ..	352	193	216	190	7,525	6,171
1944 .. ..	292	221	223	221	7,530	6,797
1945 .. ..	343	310	259	238	10,064	10,472
1946 .. ..	815	291	554	212	16,487	10,677
1947 .. ..	622	287	456	226	11,235	9,326
1948 .. ..	358	229	440	144	9,040	6,859
1949 .. ..	293	184	400	133	7,957	5,647
1950 .. ..	228	148	431	155	7,659	4,582
1951 .. ..	194	107	390	101	7,370	4,292
1952 .. ..	156	95	388	105	6,087	3,770

TABLE 2 *Analysis of the Cases admitted and discharged during the year 1952.*

(a) ADMISSIONS

1. Number of cases under treatment or observation

on 1st January, 1952:-				Males	Females	Total
Suffering from syphilis .. ..	..	..	..	143	142	285
Suffering from gonorrhoea .. ..	..	..	..	16	6	22
Suffering from other conditions ..	..	..	..	45	10	55
Totals .. ..				204	158	362

2. Number of cases defaulting during previous years who returned in 1952:-

Suffering from syphilis .. ..	..	..	..	16	19	35
Suffering from gonorrhoea .. ..	..	..	..	11	—	11
Suffering from other conditions ..	..	..	..	—	—	—
Totals .. ..				27	19	46

3. Number of new cases dealt with for the first time during 1952, suffering from:-	Male	Female	Total
Early (infectious) acquired syphilis .. ..	12	7	19
Late (non-infectious) acquired syphilis .. ..	31	24	55
Congenital syphilis .. .. .	5	13	18
Gonorrhoea .. .. .	51	20	71
Chancroid .. .. .	1	—	1
Non-venereal conditions .. .. .	381	102	483
Totals .. ..	481	166	647
4. Number of cases transferred from other treatment centres, suffering from:-			
Syphilis .. .. .	26	11	37
Gonorrhoea .. .. .	4	1	5
Other conditions .. .. .	3	1	4
Totals .. ..	33	13	46
Total of items 1, 2, 3 and 4 .. .. .	745	356	1101

### (b) DISCHARGES

5. Number of cases discharged after completion of treatment and surveillance, suffering from:-			
Syphilis .. .. .	81	61	142
Gonorrhoea .. .. .	47	13	60
Other conditions .. .. .	377	102	479
Totals .. ..	505	176	681
6. Number of cases defaulting before completion of treatment or surveillance, suffering from:— ..			
Syphilis .. .. .	20	17	37
Gonorrhoea .. .. .	12	8	20
Totals .. ..	32	25	57
7. Number of cases under treatment or surveillance known to have died during 1952 .. .. .	9	2	11
8. Number of cases transferred to other treatment centres, suffering from:-			
Syphilis .. .. .	11	4	15
Gonorrhoea .. .. .	4	2	6
Other conditions .. .. .	5	—	5
Totals .. ..	20	6	26
9. Number of cases remaining under treatment or surveillance on 31st December, 1952, suffering from:-			
Syphilis .. .. .	114	132	246
Gonorrhoea .. .. .	18	4	22
Other conditions .. .. .	50	13	63
Totals .. ..	182	149	331
Totals of items 5, 6, 7, 8 and 9 .. .. .	748	358	1106



TABLE 3 *Number of Attendances Distributed According to Disease*

				Attendances		Total
				Male	Female	
Patients suffering from	Syphilis	..	..	3249	3085	6334
	Gonorrhoea	..	..	493	154	647
	Other conditions	..	..	2345	531	2876
	Totals	..	..	6087	3770	9857

TABLE 4 *Geographical Distribution of New Cases seen during the year*

Area				Syphilis	Gonorrhoea	Other Conditions
Bradford	..	..	..	84	59	412
Dewsbury	..	..	..	—	1	—
Halifax	..	..	..	1	2	2
Huddersfield	..	..	..	—	—	1
Hull	..	..	..	—	—	1
Leeds	..	..	..	—	2	9
Sheffield	..	..	..	—	—	1
West Riding County Council	..	..	..	7	7	63

Pathological examinations for the diagnosis and surveillance of venereal diseases were carried out both at the Treatment Centre and at the Public Health Laboratory, Edmund Street, as shown below:

TABLE 5 *Pathological Examinations, 1952*

						Treatment Centre	Public Health Laboratory
Microscopical examinations for syphilis	..	..	..	..	..	41	—
Microscopical examinations for gonorrhoea	..	..	..	..	..	912	—
Cultural examinations for gonorrhoea	..	..	..	..	..	—	449
Blood tests for syphilis	..	..	..	..	..	—	2075
Blood tests for gonorrhoea	..	..	..	..	..	—	1
Cerebro-spinal fluid examinations	..	..	..	..	..	—	166
Others	..	..	..	..	..	9	10

A Social Worker, Miss J. Anderson, is employed by the Bradford Health Committee and attached to the Treatment Centre. Wherever possible, active measures are taken to ensure the examination of all contacts of known cases of venereal disease, and to secure the return of any patients who default during the course of treatment. Of the 558 patients under treatment or surveillance for venereal disease during 1952, 57 defaulted before being discharged as cured (slightly more than 10 per cent) but because of the rapidity and effectiveness of present-day treatment schedules, none of these was in an infectious condition.

## New Claims for Sickness Benefit

The number of new claims for sickness benefit made in Bradford during 1951 and 1952 were as follows:

Month	Week	1951	1952
January ..	1	1451	744
	2	1873	1078
	3	2180	988
	4	2480	933
	5	2402	906
February ..	6	2261	1000
	7	1688	988
	8	1410	978
	9	1196	966
	10	1027	1018
March .. ..	11	1150	1038
	12	1072	932
	13	525	972
April .. ..	14	961	947
	15	926	959
	16	829	595
	17	812	1028
	18	804	855
May .. ..	19	745	707
	20	449	661
	21	773	661
	22	728	703
June .. ..	23	749	436
	24	663	609
	25	703	581
	26	696	633
July .. ..	27	671	660
	28	659	643
	29	655	607
	30	699	531
	31	595	656
August ..	32	499	497
	33	492	497
	34	500	478
	35	697	605
September ..	36	710	624
	37	744	663
	38	817	702
	39	899	727
	40	899	842
October ..	41	913	853
	42	955	885
	43	842	909
	44	910	915
November ..	45	923	788
	46	875	799
	47	806	893
	48	794	928
December ..	49	802	1003
	50	718	1070
	51	748	972
	52	480	813
	53	—	597

# **Special Survey of Local Health Services provided under The National Health Service Acts**

### GENERAL

- 1 ADMINISTRATION
- 2 CO-ORDINATION AND CO-OPERATION  
WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE
- 3 JOINT USE OF STAFF
- 4 VOLUNTARY ORGANISATIONS

### PARTICULAR SERVICES

- 5 CARE OF EXPECTANT AND NURSING  
MOTHERS AND CHILDREN UNDER  
SCHOOL AGE
- 6 DOMICILIARY MIDWIFERY
- 7 HEALTH VISITING
- 8 HOME NURSING
- 9 VACCINATION AND IMMUNISATION
- 10 AMBULANCE SERVICE
- 11 PREVENTION, CARE AND AFTER-CARE
- 12 DOMESTIC HELP
- 13 HEALTH EDUCATION
- 14 MENTAL HEALTH



## **Special Survey of Local Health Services provided under The National Health Service Acts**

### **GENERAL**

#### **I. Administration**

The Bradford County Borough Council discharges its duties as a Local Health Authority through the Health Committee which consists of 18 members of the Council and three co-opted members nominated by the Bradford Division of the British Medical Association. The Health Committee has set up five sub-committees, namely: (1) General Purposes; (2) Maternity and Child Welfare; (3) School Health Service; (4) Mental Health Service; (5) Care and After-Care Service. The Chairman and Deputy Chairman of the Health Committee are also Chairman and Deputy Chairman of the Sub-Committees. The Health Committee and the sub-committees meet monthly. The School Health Service Sub-Committee is a joint sub-committee of the Health and Education Committees, consisting of an equal number of representatives from each committee; the Chairman of the Sub-Committee as aforesaid is Chairman of the Health Committee. This Sub-Committee's minutes are confirmed by both Health and Education Committees, before submission to the Council.

1. *The General Purposes Committee* deals with matters of environmental hygiene; everything in fact which is the concern of the sanitary inspectorial staff. It is also responsible for the Ambulance Service and the vaccination and immunisation provisions of Section 26 of the Act.

2. *The Maternity and Child Welfare Committee* administers the services for the care of mothers and young children, including the Domiciliary Midwifery Service and the Health Visiting Service.

3. *The Joint Health—Education Committee re School Health Service* is a Joint Sub-Committee of the Health and Education Committees. It administers the School Health Service and in addition correlates the work of that Service with that of the Maternity and Child Welfare Service.

4. *The Mental Health Service Committee* is responsible for the care and after-care of the mentally ill and defective.

5. *The Care and After-Care Committee* is responsible for the administration of Section 28 of the Act, particularly relative to the prevention of tuberculosis and venereal disease, the care of sick persons in their own homes, the provision of a Home Nursing and Domestic Help Service, and convalescent home treatment.

The central administrative unit of the Health Department is located at the Town Hall, but the headquarters of the various executive sections for discharging duties under the National Health Service Acts are situated in offices in various parts of the City.

The main function of the central administration is to arrange, facilitate and supervise the work of the executive sections, and to relate the work of the Health Department as a whole to that of the other departments of the Local Authority. The Principal Administrative Assistant is the officer on whom the routine central administration largely depends. He acts as a channel of communication between the Medical Officer of Health and officers in charge of sections. He supervises the details of clerical work incidental to the conduct of committee business, personnel management and departmental finance.

The medical staff employed by the department numbers 14, of whom nine are assistant medical officers engaged entirely on clinical duties and four senior medical officers, including the Deputy Medical Officer of Health engaged on both administrative and clinical duties. These senior officers control one or more sections of the service. For example, the section concerned with maternity and child welfare is the res-



ponsibility of one senior medical officer who also exercises general supervision over the Health Visiting and Domiciliary Midwifery Services. Another senior medical officer supervises the School Health Service which is gradually being integrated with the service for younger children. A third senior medical officer has responsibility for the After-Care Services, sub-sections of which are the Home Nursing and Domestic Help Services and the issue of medical and nursing loan equipment.

Other important sections are the Mental Health Service which is controlled by a lay officer, the Mental Health Officer, who also is Principal Administrative Assistant in the central department. Another is the Ambulance Service which is controlled by the Ambulance Officer.

The Deputy Medical Officer of Health in addition to his general duties as deputy has certain specific duties relating to the control of infectious disease, problem families and the care of the child neglected and ill-treated in his own home.

The work of all the sections is supervised by the Medical Officer of Health who holds frequent meetings with the heads of departments, all of whom attend the meetings of the appropriate sub-committees.

The Medical Officer of Health in addition to being School Medical Officer is also medical officer to the Welfare and Children's Committees and he or his representative attends all meetings of these committees. This has resulted in the most harmonious co-operation between the three departments of Health, Welfare and Children. He is also the officer designated by the City Council to correlate the activities of all the local services, statutory and voluntary, which are concerned with the welfare of children in their own homes.

#### *Joint Arrangements with Other Local Health Authorities*

Arrangements of a minor nature have been made with the West Riding County Council (1) whereby Bradford children under five years of age may attend a West Riding child welfare centre in the Wrose district of Shipley; (2) whereby a limited number of mental defectives from the West Riding area are permitted to attend the Bradford Occupational Centre for mental defectives.

## **2. Co-ordination and co-operation with other parts of the National Health Service**

This is effected mainly by interlocking membership of the various committees. The Chairman of the Health Committee is also Chairman of the Executive Council, on which body sit four other members of the Health Committee. Four members of the Health Committee including the Chairman sit on the Hospital Management Committee "A," and two members of the City Council, one a member of the Health Committee and one a member of the Welfare Committee, have places on the Hospital Management Committee "B." Members of the City Council sit on two other management committees which control hospitals of a specialised type to which many Bradford citizens are admitted.

A link with the Regional Hospital Board exists in the membership of this body held by the previous Chairman of the Health Committee. Cross representation of this type is probably the most effective way of ensuring co-ordination of the services locally and on the whole it works well in Bradford; it has been found of great assistance to the Medical Officer of Health in his attempts to help with the co-ordination of the different parts of the Service, that he himself is a member of two of the three important committees concerned.

Other schemes for securing better co-operation and co-ordination of services locally have been in respect of the specialised services. In the matter of tuberculosis, the Care and After-Care Committee of the Health Committee invited representatives of the two Bradford Hospital Management Committees to "sit in" at its monthly meetings. This was at a time when the shortage of beds for pulmonary tuberculosis patients was causing some anxiety. How effective this arrangement was is difficult to judge, but it certainly did result in an exchange of information which cannot have been other than to the benefit of the three parties.

Co-ordination of domiciliary and hospital midwifery has been attempted in yet another way. In this instance liaison has been at officer level; a technical Maternity Services Advisory Committee has been set up by the Local Health Authority, the Executive Council and the Hospital Management Committee "A" which controls the St. Luke's Hospital.



Representatives of the Executive Council are four general practitioner obstetricians, nominated by the Local Medical Committee of the Hospital Management Committee "A", four consultant obstetricians, and of the Local Health Authority the Medical Officer of Health and the Senior Medical Officer for Maternity and Child Welfare. Co-opted to the Committee are the non-medical Supervisor of Midwives and the Matron of St. Luke's Maternity Hospital. This is a useful committee.

Yet another type of co-ordinating committee for a special purpose is the Joint Geriatric Committee of Hospital Management Committees "A" and "B." Membership is restricted to members of the Committees with, in addition, the two senior consultant physicians and the Medical Officer of Health. It has had only one meeting so far.

Another most useful method of co-ordination has been the regular monthly meetings of the two Hospital Management Committees' Secretaries, the Clerk to the Executive Council and the Medical Officer of Health.

Liaison with the Leeds Regional Hospital Board is maintained principally at officer level—medical officers of health of the local health authorities in the region meeting with the Senior Administrative Medical Officer of the Board and a medical representative of the Ministry of Health, once a month. This committee now acts in an advisory capacity to a recently set up liaison committee of Local Health Authority and Regional Board representatives. This committee has only been in existence a comparatively short time and it is not yet possible to judge its effectiveness. The Medical Officers of Health Liaison Committee has done some useful work but has not been so effective as had been expected.

### *Assessment of Effectiveness of Arrangements Made*

The simplest arrangement, namely interlocking membership of committees at local level, would seem to be the best. It is considered also that the Medical Officer of Health should be a member of the Bradford Hospital Management Committee "B" in addition to his membership of the Executive Council and the Bradford Hospital Management Committee "A." It is only as a member of each of these

Committees that he can properly exercise the correlating function of which he alone is capable.

It is a matter of some regret that the Medical Officer of Health should not be on the local Hospital Management Committee concerned with the care of patients suffering from chronic ailments, infectious diseases and tuberculosis, mental illness and mental defect; all conditions, the social implications of which are his main concern.

Co-ordination, however, of the services in the City and district can be influenced very considerably by the Regional Hospital Board. The Management Committees are not free agents and arrangements made by agreement locally can be nullified by action of the Regional Board. Similarly, agreements reached by the Local Health Authorities with the Regional Board itself may be nullified by the non-compliance of Management Committees with Regional Board instructions or advice.

It is difficult to suggest better methods of liaison with the Regional Board than those now employed and described above. The weakness of the Medical Officers of Health Liaison Committee was that its point of view could not be put to the Board other than by minute or memorandum. The formation of the Regional Board—Local Authorities Liaison Committee may improve matters in this respect. Nevertheless, it is considered that it would be of great advantage to the Health Service in the area if a Medical Officer of Health were a member of the Leeds Regional Hospital Board.

*Ways in which Medical Officers, Health Visitors, Midwives or Nurses Employed in the Local Health Services are Co-operating in the Care of Patients under Treatment (a) at Hospital; (b) by General Medical Practitioners.*

(a) The medical officers of the Local Authority are frequently in touch with the hospital medical staff about their patients. Similarly, the health visitors, as described in Section 7, are in constant communication with the hospital almoners. They provide information both volunteered and requested about the patient's home background. The general duty health visitors do not, however, visit the hospital except in unusual circumstances.

The tuberculosis visitors on the other hand have as their headquarters the Chest Clinic, and they attend as a matter of routine all clinic sessions at which their own patients are being examined. They give the Chest Physician information of the patient's progress as it has been observed during the intervals between visits and information on the patient's social circumstances. In return they learn of the patient's clinical condition and receive advice as to the future conduct of the case.

The domiciliary midwives are frequently at the Maternity Hospital for consultation, usually about cases that have been admitted to hospital in an emergency. In the case of premature births the domiciliary midwife concerned takes the child into hospital, if such a course is thought necessary, and gives all the details of the occurrence to the hospital staff on duty.

(b) Co-operation between health visitors, midwives and nurses with the general practitioners in the care of patients is dealt with in subsequent paragraphs and need not be further mentioned here, except to say that all concerned in the local authority service do their utmost to further co-operation with the general practitioner.

Co-operation between the Local Authority medical officer concerned with the personal health services and the general practitioner is as good as can be expected.

Co-operation is very good where friendly relationships have been established and where the strictest regard is paid by those concerned to the ethical standards which for so long have determined the relationship between one medical man and another.

The making easily available of (1) a telephone, and (2) suitable clerical assistance, to Local Authority medical officers engaged in the personal health services would do more to ensure satisfactory co-operation with general practitioners in the treatment of their patients than almost any other measure.

### *Steps taken to inform*

(a) *General Practitioners*

(b) *the Public*

*about Services Available and how their Help may be Obtained.*

A guide to the services was published in 1949 and a copy was given to each general practitioner in the area. Every two months or so a bulletin from the Health Department is forwarded to each general practitioner. In it is contained information about the incidence of infectious diseases and other items of interest to the practitioner. Notes on the various local authority services are included.

For the benefit of the general public an information bureau has been set up at the Maternity and Child Welfare Centre, not far from the centre of the City. It consists of a well-appointed office with two large windows, in which public health displays of various types are presented. An officer of the Authority is on duty from 9 a.m. until 5.30 p.m. ready to give information on every aspect of the Health Service. Copies of the aforementioned guide to the Health Service are available in this office and all other departments to which the public have access.

### **3.**

#### **Joint use of Staff**

One doctor in general practice works on a sessional basis in the School Health Service. Four general practitioners who give general medical services to old people living in the Welfare Committee's establishments are also responsible for the supervision of hygiene in the homes and periodic examinations of the inmates. They visit the homes once weekly and are paid a small annual payment by the Local Authority in return for their services. Vice versa, the Local Authority senior medical officer responsible for the hygiene supervision of the remainder of the welfare establishments and for the periodic examination of the inmates, also provides general medical services to the old people therein, having a restricted list of patients under the National Health Service Act. He acts similarly in the case of the establishments and children of the



Children's Committee. He is a whole-time salaried officer of the Health Department and the Corporation receives from the Executive Council fifty per cent of the capitation fees payable in respect of all patients on his list.

This is an excellent example of the manner in which co-ordination can be achieved between different sections of the National Health Service. This local authority doctor, by reason of his position as general medical attendant to the old people in Part III accommodation, is brought into very close association with the Medical Officer of the Hospital Management Committee "B" responsible for most of the beds for chronic sick in the City, and transfers of patients from Part III accommodation to hospital beds and from hospitals to Part III accommodation are arranged most amicably and smoothly. These two officers, also in consultation, determine when action is necessary to be taken by the Medical Officer of Health under Section 47 of the Assistance Act in respect of a patient unable to have satisfactory care in his own home and who refuses to go to hospital. They have frequent consultation about the old people on the waiting list for admission to hospital who should be admitted and those who could be safely left at home with the assistance that the Local Authority medical officer might provide through the home nursing and home help services and by the provision of the necessary medical and nursing equipment. No joint appointment arrangements exist in this instance, and they do not seem necessary.

No arrangements have so far been made for medical officers employed by the Authority to work part-time in the Hospital and Specialist Services despite negotiations to this end which have been in progress for some years.

On the other hand the services of consultants in certain instances have been made available by the Board to the Local Authority.

The services of a pædiatrician are available for one session a week at the Langley Special Residential School for physically handicapped pupils. The two Bradford orthopædic surgeons attend on alternate

weeks the Lister Lane Special Day School for physically handicapped pupils and one of the ophthalmic surgeons conducts a refraction session for school and pre-school children once a week. The services of two ear, nose and throat specialists are also available to the Local Authority personal health services for one hour a week. One of these sessions is devoted to the inspection and supervision of pupils of the Odsal day school for the deaf.

#### **4. Voluntary Organisations**

Extensive use has been made of voluntary organisations.

##### *The Bradford District Nursing Council*

The Home Nursing Service is provided on an agency basis by the Bradford District Nursing Council. This Council is an amalgamation of six District Nursing Associations which previously operated in the different districts of the City, and the membership is composed of representatives of the City Council (60 per cent), and representatives of the voluntary committees of the District Nursing Associations existing in Bradford before 5th July, 1948. The Bradford Corporation makes a grant equivalent to the net actual approved cost of providing the Service subject to the prior approval by the Corporation of detailed estimates of expenditure for the year in question.

##### *The Bradford Maternity Care Committee*

The Mothers' Clubs, organised by this voluntary body to carry out educational and social work among the mothers attending the Maternity and Child Welfare Department, continue to flourish and do good work. Wherever possible, these Mothers' Clubs are held on the same premises and on the same day as the branch clinics, and close co-operation is observed between the two. Clubs are held at Lilycroft, Wakefield Road, Otley Road, Manningham and Girlington, and it is hoped to extend the work to more districts when rooms are available.

Other voluntary organisations which give valuable assistance to the Local Authority in carrying out its responsibilities under the National Health Service Act are:

(1) *The Bradford Diocesan Council*, which maintains a mother and baby home in Bradford to which Bradford mothers are admitted, in this way supplementing the provision the Council itself has made for such cases.

(2) *The Leeds Catholic Diocesan Welfare Society*, which makes similar provision in Leeds. Bradford cases are also admitted to the mother and baby home maintained by this Society.

(3) *The Bradford Marriage Guidance Council*

(4) *The Bradford Family Service Unit*

To each of these bodies the Corporation makes an annual grant in respect of their valuable work in the community.

Mention should be made of the assistance given during 1948, 1949 and 1950 by the St. John Ambulance Brigade in supplementing the Local Authority Ambulance Service to the extent of some 36,000 miles of ambulance journeys a year. This agency arrangement ceased on the 30th June, 1950, when the initial difficulties in building up an adequate fleet of vehicles had been overcome.

## **PARTICULAR SERVICES**

### **5. Care of Expectant and Nursing Mothers and Children under School age**

#### *Expectant and Nursing Mothers*

About fifty per cent of all births in Bradford take place at the St. Luke's Maternity Hospital and for the most part the ante-natal and post-natal care of these cases is given at the clinic sessions at the hospital, except that a certain number of normal cases booked for hospital confinement are referred by arrangement to the Local Health Authority Central Clinic for ante-natal care up to the 28th week.

The ante-natal care of women who are confined in their own homes is undertaken in the great majority of cases by the general practitioner obstetrician in conjunction with the domiciliary midwife booked for the case. In these cases the routine ante-natal supervision by the domiciliary midwife is carried out either by visits from the midwife to the patients in their own homes or more commonly by the attendance of the patients at clinic sessions held in the various midwives' houses.

In certain of the districts where there is easy access to the Central or Bierley and Usher Street Clinics, the midwives hold ante-natal sessions there, instead of in their own houses.

There are now comparatively few women who do not engage the services of a general practitioner obstetrician. For those who have not made this provision, medical supervision during the ante-natal and post-natal period is given by a medical officer of the Local Health Authority who holds four clinic sessions weekly at the Central Clinic. At these ante and post-natal sessions, cases are also seen which are referred for special advice by general practitioner obstetricians.

No arrangements are made for specialist clinics on premises of the Local Authority as it is more convenient for cases needing such advice to be referred to the consultant obstetricians at St. Luke's Maternity Hospital where all the necessary pathological and radiological services are so readily available.

#### *Liaison with General Practitioner Obstetricians*

Assistance is given in a few cases at clinics held in general practitioners' own premises by the attendance of the district midwives. The general practitioners and midwives concerned have expressed themselves as being highly satisfied with this arrangement.

Liaison with the general practitioner is also effected by an arrangement whereby facilities have been made available to the practitioners in the area of the two branch clinics, Bierley and Usher Street, whereby



they can hold joint clinics with the midwives for their own booked cases.

There are six general practitioners now availing themselves of these facilities and similar arrangements will be put into effect in two other areas of the City when clinic premises, now in the course of adaptation, are ready for occupation.

### *Bradford Obstetric Service*

	1948 (5th July to 31st Dec.)	1949	1950	1951	1952
Total number of births live and still	2684	5358	5237	4886	4827
Born in hospital or nursing home ..	1503	3120	3052	2961	2860
Born at home .. .. .	1181	2238	2185	1925	1967
Number of cases in which complete maternity medical services pro- vided by general practitioner ob- stetricians .. .. .	99	1768	1763	1838	1640
(a) Number of such cases in which the doctor providing the ser- vices was in attendance at the confinement .. .. .	79	997	856	794	921
Number of cases in which Period I only provided .. .. .	52	535	668	457	437
Number of cases in which Period II only provided .. .. .	37	140	62	90	67
(a) Number of such cases in which the doctor providing the ser- vices was in attendance at the confinement .. .. .	23	80	21	27	30

### *Blood Testing Arrangements*

In the case of every expectant mother booked for her confinement by a midwife or by a general practitioner-obstetrician, arrangements are made for her blood to be examined for Rh. factor, blood group, Wasserman and hæmoglobin content.

A special session at the Central Clinic on Thursday of each week has been set aside for taking of blood specimens. Cases are referred to the clinic by general practitioners and midwives. In 1951, 2,505 examinations were made, and in 1952, 2,719.

Similar arrangements are made by the hospital authorities in respect of women who are in attendance at the ante-natal clinics of the Maternity Hospital.

## *Unmarried Mothers*

The responsibility for the ascertainment and supervisory care of illegitimate children and their mothers rests with the health visitor. Arrangements have been made whereby the hospital almoners notify the Superintendent Health Visitor of any cases of which they become aware. The social circumstances are carefully considered and if unsatisfactory, arrangements are made for the admission of the case to Oakwell House (the Mother and Baby Home) for the latter part of her pregnancy. After confinement in hospital such women return with their babies to the Home and remain there until fit to resume work. If the mother has no home to which to return she can remain in the Mother and Baby Home and continue her employment until the child is a year old.

In the majority of cases, fortunately, the parents of the unmarried mother adopt a reasonable attitude and make adequate arrangements for the care of their daughter. In this work great assistance is given to the health visitors by the moral welfare workers, both paid and unpaid, of the Bradford Diocesan Council and the Leeds Catholic Diocesan Welfare Society. Both these bodies maintain mother and baby homes to which, from time to time, Bradford mothers are admitted. The Bradford City Council in respect of this work makes an annual grant to both Societies. The City Council however, maintains its own Mother and Baby Home, Oakwell House, which has accommodation for 16 mothers and their babies; it was opened at the end of 1950, and during 1951, 28 cases and in 1952, 43 cases were maintained for periods up to twelve months.

It is interesting to note that the infantile mortality rate for illegitimate babies in 1950 and 1951 was 35 and 39 per 1,000 live births, compared with 38 and 43 for legitimately born infants.

## *Mothercraft Training*

The teaching of mothercraft is undertaken by the health visitors and is given to individual mothers for the most part on the occasion of visits to the home, and also at child welfare clinics. A certain amount

of group teaching in the clinics is done, but not to the extent desired because of the many other demands on the depleted staff of health visitors.

### *Supply of Maternity Outfits*

A bulk supply of maternity outfits is kept in a store at the Central Clinic and the domiciliary midwives draw from this store from time to time and issue the outfits to expectant mothers at the clinics held in the midwives' homes or at the Central, Bierley or Usher Street Clinics.

Year	Maternity Outfits Issued	
	By Domiciliary Midwives	On Certificates issued by general practitioners
1950	2070	35
1951	2357	12
1952	2103	9

### EXPECTANT AND NURSING MOTHERS : STATISTICAL DATA

#### Ante-Natal Clinic Attendances

Year	Cases	Attendances	New Cases
1948	4990	N.A.	2034
1949	1626	4358	1578
1950	1133	3460	933
1951	1062	3135	958
1952	796	2755	668

#### Post-Natal Clinic Attendances

Year	Cases	Attendances	New Cases
1949	84	107	72
1950	120	130	113
1951	222	292	192
1952	272	496	258

### *Child Welfare*

There were 62,969 attendances at child welfare clinics during 1952 compared with 63,405 attendances during 1951.

Thirty-eight child welfare sessions are held weekly, 18 at the Central Clinic and 30 at 17 branch clinics. While the premises of the Central, Bierley and Usher Street Clinics can be considered satisfactory, and afford adequate facilities for the housing of children and staff, the remainder are most unsatisfactory and consist in the main of hired rooms in Sunday schools, workingmen's clubs, community centres and the like. Two specially adapted premises at Horton Bank Top and at Saint Street will shortly be in use.

The clinics are staffed by one to three health visitors according to the size and at each session a clinic assistant or clerk is in attendance. At all but one of the clinics a doctor is present for at least part of the session.

There are no consultant clinics arranged for this service but children are referred for consultant opinion to a consultant ophthalmic clinic maintained by the School Health Service. Consultant orthopædic advice is also available in a similar manner through the School Health Service. The Child Guidance Consultant Service of the Education Committee is also available for pre-school children.

#### *Arrangements with General Practitioners*

No arrangements have been made so far to afford assistance to general medical practitioners in the holding of clinics in their own premises. As far as is known, no such clinics are in fact being held. Consideration has been given to the employment of general practitioners on a sessional basis to conduct child welfare clinics amongst their own patients. This is practicable in one of the outlying suburbs of the City where the population is served by four doctors in partnership in two practices.

A scheme of a similar nature is about to be operated for a trial period in another suburb of the City, whereby general practitioners have been asked to undertake, at a newly constituted branch clinic, the statutorily required school medical examinations of school children who are on their medical lists.

There are many administrative difficulties to overcome in putting such a scheme into operation, but if it is successful it would be comparatively easy to extend it to the pre-school child.

#### *Care of Premature Infants*

In Bradford during 1950 and 1951 approximately 30 per cent of all premature births occurred in domiciliary practice. The hundred or so premature infants born at home are the special care of the general practitioner-obstetrician and midwife who immediately notifies the

Superintendent Midwife of the occurrence. If the child is very much underweight and very delicate or if the social circumstances are poor, the doctor may arrange for its transfer to hospital. The transport arrangements in such cases are made with the greatest care—a specially heated cot is used and the midwife herself accompanies the child to hospital and hands it over to the nurse in charge of the premature baby unit there.

If it is decided that the home circumstances are such that the infant can be cared for satisfactorily at home—the nursing care remains the responsibility of the midwife who has been looking after the case. She is assisted by the Superintendent Midwife who arranges for the provision of the special equipment necessary in these cases.

The midwife continues her attendance on the case beyond the usual lying-in period. It is found that in good home conditions the average infant of 4–5 lbs. does very well. In 1951, of 107 premature infants born at home, 10 were transferred to hospital and of the remainder nursed at home, eight died (8 per cent).

It has been decided that the employment of midwives or nurses specially trained in the care of premature infants may give better results and one midwife is at present seconded to the Sorrento Hospital, Birmingham for special training in this work.

Liaison with hospitals is most satisfactory. The premature baby unit to which cases born at home are admitted is situated at the Bradford Children's Hospital. It is in a block of buildings completely detached from the main hospital, and although the accommodation has not been built specially for this purpose it nevertheless serves admirably.

The other premature baby unit in the City is within the St. Luke's Maternity Hospital, but admissions to that unit are restricted to babies born in that hospital.

#### *Supply of Dried Milks, etc.*

Distribution of welfare foods available under the Government Welfare Foods Scheme is undertaken at all the branch clinics except



two by Ministry of Food officials. In these two branch clinics the Child Welfare Department staff undertake the distribution of such foods. Government welfare foods are not distributed at the Central Clinic because of the proximity of the local Ministry of Food Office.

A wide variety of other proprietary brands of dried milk and other foods and nutrients are available to mothers at cost price plus 10 per cent administration charge.

### *Dental Care*

One whole-time salaried dental officer undertakes this work which consists principally of inspection and treatment of expectant and nursing mothers attending the ante-natal, post-natal and child welfare clinics. Pre-school children attending the welfare clinics also receive treatment and each day nursery is visited twice a year, the children being systematically inspected and treated in an effort to ensure that none subsequently enter into school life in need of dental treatment.

Close co-operation is maintained with the dental officers of the School Dental Service and during this period of acute shortage of school dental officers help was given from time to time at the School Dental Clinic. This help was reciprocated by the Chief School Dental Officer who attended at special anæsthetic sessions at the Child Welfare Dental Clinic.

Because of the continued inability of the Regional Hospital Board to make satisfactory arrangements for the dental treatment of patients at the Grassington Sanatorium, the Child Welfare Dental Officer of this Authority continued to visit that institution to give the necessary dental treatment to patients.

The dental officer also carries out all the necessary dental treatment of women attending the ante-natal and post-natal clinics of St. Luke's Maternity Hospital.

In view of the general shortage of dental officers no attempt was made during the year under review to recruit more staff for this dental department. The single applicant for a dental officer's post during the year was appointed to a vacancy on the school dental staff.

## OTHER PROVISIONS

### *Day Nurseries*

There are nine day nurseries in the City providing places for 380 children, and a tenth day nursery with 50 places is in the course of erection. The demand for places continues to increase and there are at present about 1,000 names on the waiting lists. Priority of admission is given to children whose mothers must work, for example to illegitimate children who are always particularly in need of care; to the children of widows, and children whose fathers are incapacitated from any cause. The nurseries are regularly visited by a medical officer from the staff of the Maternity and Child Welfare Department.

### *Silver Jubilee Holiday Home for Mothers and Babies*

One of the functions of the voluntary body, the Bradford Maternity Care Committee, is to administer the Silver Jubilee Home at Heysham which is the property of the Bradford Corporation. To this Home are sent mothers who are in need of a holiday—they can take their younger children with them—and in 1952, 196 mothers and 302 children stayed at the Home, mostly for a period of two weeks. The Home has proved to be a great boon to those mothers, or children (aged five years or under) who have been ill, and find this the only means of getting the necessary rest and change of air.

There is always a waiting list during the summer months and an extension of the premises is very desirable.

### *Mothers' Clubs*

The formation and organisation of Mothers' Clubs is another of the functions of the Maternity Care Committee. Wherever possible these clubs meet in the same premises and on the same day as the branch clinics, and close co-operation is observed between the two. The main diversions of the club members are sewing, cookery, toymaking, dress-making and crafts suitable for home making.

The Secretary of the Maternity Care Committee and Organiser of the Mothers' Clubs is a whole time salaried officer of the Maternity and Child Welfare Department.



The Service is administered through a Maternity and Child Welfare Sub-Committee of the Health Committee with the Medical Officer of Health as the Chief Executive Officer. The detailed supervision of the Service is the responsibility of the medical supervisor and nurse supervisor of midwives, the former being the Senior Medical Officer for Maternity and Child Welfare.

The present establishment is for one Superintendent Midwife and thirty-three midwives. A certain number of service houses are provided by the Corporation on municipal housing estates but the majority of the midwives live in their own privately owned or rented houses. Transport is not provided for the midwives but a proportion of them have their own cars and the Corporation pay an allowance in respect of mileage covered on official duties.

As explained in Section 5 of this survey the headquarters of the Service are at the Central Clinic, Edmund Street, and the district midwives report to the nurse supervisor once a week. In addition the nurse supervisor frequently visits the midwives at work on the district; in fact a very close supervision of their work is exercised.

Supervision of midwives not engaged in the Domiciliary Service of the Local Authority is necessarily less: the majority of these midwives are engaged in hospital practice and a very close supervision of their work is exercised by the Matron of St. Luke's Maternity Hospital, who works in the closest and most harmonious manner with the medical and non-medical supervisors. Supervision of the remainder who are almost entirely working in private maternity homes is effected by frequent visits to the homes by both the medical and nursing supervisors.

#### *Administration of Analgesia by Midwives*

The only analgesic apparatus used in the service is that for the administration of gas and oxygen. All the midwives are trained in its use and it was administered to over 85 per cent of cases.

*Arrangements for Ante-Natal Supervision by Midwives* is dealt with in Section 5 above.

*Co-operation with General Practitioners undertaking Maternity Medical Services* is dealt with in Section 5 above.

*Arrangements for Selecting Women whose Confinement in Hospital is Recommended on Social Grounds*

Recommendations are made by the district midwives on behalf of the Medical Officer of Health to the Matron of the St. Luke's Maternity Hospital. Similarly women who apply direct to the hospital for admission and who are not accepted for medical reasons, are referred to the midwife of the district in which the applicant resides for a report on the home conditions and a recommendation.

The midwife makes out a written report describing the type of house, the number of rooms, the number of occupants, sanitary and washing accommodation and at the end submits a recommendation. During 1952, 875 homes were investigated at the request of the Hospital Authorities.

*Refresher Courses for Midwives*

Domiciliary midwives are sent on refresher courses at intervals of not less than five years.

*Arrangements, if any, for Training Pupil Midwives*

A Part II Training School for Midwives was established in 1947. The number of places is 12 but it has become increasingly difficult to fill all the places within recent years. The cost of the School after Government grant has been deducted is shared by the Local Authority and the Regional Hospital Board.

## **7. Health Visiting**

The general administration of the Service is dealt with by the Maternity and Child Welfare Sub-Committee of the Health Committee. The Service is under the general supervision of the Superintendent Health Visitor who in turn is responsible to the Senior Medical Officer of Maternity and Child Welfare.

The School Nursing Service has been entirely separate from the Health Visiting Service but a start has been made to co-ordinate the two Services by the appointment of the Superintendent Health Visitor as Senior School Nurse to supervise the School Nursing Service. To assist in this work a Deputy Superintendent Health Visitor has been appointed who in addition to her other duties will have a primary responsibility for the School Nursing Service.

Only one of the 15 school nurses holds the Health Visitor's Certificate and it is not anticipated that any of the present school nursing staff will be willing to undergo the training for the Certificate.

In one area of the City a combined Child Welfare and School Health Service is now operating. The three health visitors of the area, in addition to carrying out the ordinary duties of the health visitor, act as school nurses. It is hoped in due course to integrate completely the Health Visiting and School Nursing Services throughout the City.

Despite the re-establishment of the training course for health visitors at the Bradford Technical College, it has not been possible to increase the establishment of health visitors to the 50 envisaged. Most of the newly trained health visitors seek other posts in more pleasant places as soon as they have served their contract period. Nevertheless, a gradual improvement in the staffing position is taking place.

*Extent to which Visiting is Undertaken Beyond Visiting of Expectant and Nursing Mothers and Young Children.*

This question is best answered by giving the following figures:

During 1952 the health visitors made 77,247 visits which have been analysed as follows:

Visits to babies up to 1 year 26,091	To Children between ages of 1-5 43,387	Infectious Diseases 1,395	Tuberculosis 3,386	Expectant Mothers 1,255
	After-care 349	Old People 238	Other Visits 1,146	

It will be noted that only 2-3 per cent of the visits have been made in the carrying out of the additional duties imposed on the health visitor by the Act of 1946. Further analysis of the visits paid to infants under one year and children between one and five shows that on the average the infant under one year receives six visits during the year and after that two visits a year until he reaches his fifth birthday. These are average figures but it would seem quite clear that if a serious attempt is to be made to undertake the additional duties set out in the Act the visiting of children must become much more selective, and also the health visitors will perforce have to restrict their attendances at clinic sessions and leave that work to less highly trained staff.

*Arrangements, if any, to Link Up the Health Visiting Services with the Work of the Local General Practitioners.*

Sporadic attempts have been made to encourage a closer liaison between the health visitor and the general practitioner, but without much success. The health visitor, unlike the midwife and the district nurse, has not got much in the way of practical help to offer to the general practitioner, or so he thinks, and he is not much interested. In her visits to patients and in the giving of advice to them she is in much the same position as the school medical officer, who perforce must be so tactful in dealing with a colleague's patient.

The health visitor and the local authority medical officer working in the personal health services seldom meet the general practitioners; and the arrangements at many branch clinics are so unsatisfactory as far as telephones and clerical assistance are concerned, that personal communication with the practitioner by telephone or letter, is not made easy. These are factors which militate against the health visitor and the school medical officer establishing a friendly relationship with the practitioner.

In an attempt to overcome these difficulties it is hoped that a scheme will be tried out in one area in Bradford whereby the doctors in the area will be invited to conduct the preventive school medical ex-



aminations of children on their Executive Council lists. The examinations will take place in a branch clinic (recently adapted), and the children from the various schools in the district on individual doctors' lists will attend at the clinic on agreed days. There the examinations will be conducted in the same way as at school, the doctor having the help of his district health visitor, who will attend to the preparation of the patients, arrange for the weighing and measuring and the eye-testing. The doctor will fill in the results of his examination on the schedule. Any treatment needed will be arranged to be given either at the Minor Ailments Clinic, or at the doctor's surgery; and the doctor would arrange for any specialist examinations. An essential of the scheme would be the closest possible co-operation between the health visitor and the practitioner. It would be the duty of the health visitor to see to it that the necessary "follow-up" procedures were carried out and recorded on the schedule. In this way the doctor and the health visitor would soon become well known to each other and confidence would become established between them. The practitioner would learn of the wide scope of the visitor's activities and would soon appreciate how helpful she could be to him in carrying out his practice.

In due course similar arrangements could be made for the doctors of the area to conduct child welfare sessions for their patients, and as has already been done (see Question 5), conduct ante-natal and post-natal sessions with the district midwife, for patients for whom they have contracted to provide obstetric medical services.

It is thought that this is the most practical way, in the continued absence of health centres, to encourage the general practitioner to practice preventive medicine and at the same time to give him an opportunity of learning something of the work of the health visitor and of appreciating how useful a medical auxiliary to him she could be.

*Arrangements, if any, to Link Up the Health Visiting Service with the Work of the Local Hospitals.*

Despite protracted negotiations between the local authorities of this area and the Regional Hospital Board, no arrangements are made in Bradford whereby the Medical Officer of Health is notified of the discharge from hospital of a patient needing after-care. It is considered that if after-care is needed the general practitioner should make the necessary arrangements with the Medical Officer of Health.

In practice patients needing after-care are notified by the hospital almoners to the health visitor for the district, who in turn, after visiting, may arrange for a home help or the loan of nursing equipment, or in conjunction with the doctor she may at his request arrange for the services of a district nurse.

The relationship between the Health Visiting Service and the hospitals resolves itself into the relationship between the health visitors themselves and the hospital almoners, and these relationships are really excellent. It has been agreed that the almoner generally speaking confines her work to inside the hospital and the health visitor to the homes of the people. This is effective in practice and it is not desirable that it should be altered.

The scarcity of health visitors in Bradford has so far prevented the development of specialised after-care services by health visitors, such as those for diabetics and patients discharged after treatment for gastric and duodenal ulcers. It is hoped to establish such services in the future.

*Arrangements made to help Suitable Officers who do not already possess the Health Visitor's Certificate to obtain it, and Facilities offered by the Council for Student Health Visitors.*

In 1947 the Council re-established a training course for health visitors. Twelve scholarships at the rate of  $\frac{3}{4}$  of the minimum salary of a health visitor are offered to suitable candidates. The course is full-time for nine months and scholarship candidates who duly qualify as health visitors are under contract to serve in the Bradford Service for a minimum period of two years.

Suitable officers already in the service of the Authority who wish to take the course are permitted to do so under the same conditions as those laid down above.

#### *Facilities for Refresher Courses*

Selected health visitors are given the opportunity of attending refresher courses from time to time.

The Home Nursing Service as stated in Question 4, is provided on an agency basis by the Bradford District Nursing Council. It is supervised by the Superintendent District Nurse who is responsible to the Senior Medical Officer of the Care and After-Care Services. There is an establishment of 30 nurses, the majority of whom are fully qualified Queen's District Nurses, or in training for such a qualification. The headquarters of the Service is the Central Home situated near the centre of the City. The Central Home is a key training centre for district nurses and there are always a certain number of students in training resident there. The majority of the nurses are resident in the Central Home, but the Council rents from the Corporation three municipal houses in each of which two nurses reside; other nurses reside in privately owned or rented houses in different districts of the City. The nurses for the most part use the public passenger transport services of the City, but three cars are available and in use for visiting less easily accessible patients.

#### *Co-operation with General Practitioners*

Two-thirds of all cases nursed by the Service are referred by general practitioners, co-operation with whom is excellent.

#### *Liaison with Hospitals*

Liaison with hospitals consists in exchange of information between hospital ward sisters and almoners and the Superintendent District Nurse in respect of patients discharged home from hospital who still need nursing care and attention. An increasing number of surgical cases are being discharged from hospital by arrangement with the general practitioners on the understanding that the District Nursing Service undertakes the necessary nursing care in the patient's own home. This service is readily provided on request.



## *Classification and Proportions of Main Types of Case Attended by Home Nurses*

			1951		1952	
			Cases	Visits	Cases	Visits
Medical	..	..	1,534	26,214	1,651	26,317
Surgical	..	..	761	13,546	646	17,010
Gynæcological	..	..	168	303	150	1,100
Pneumonia	..	..	93	721	46	411
Tuberculosis	..	..	40	425	40	352
Infectious Diseases	..	..	15	155	7	56
Complicated Midwifery			6	76	1	12
Totals	..	..	2,617	41,440	2,541	45,258

These totals include the following:

			1951		1952	
			Cases	Visits	Cases	Visits
Old Age Pensioners	..	..	1,264	18,691	1,091	22,421
Children under 14 years			256	869	251	701
Injections	..	..	396	2,118	305	6,426
Home Operations	..	..	6	108	2	11

A regularly maintained night nursing service is not available. In urgent cases of need arrangements can be made, however, for the services of a night nurse.

### *Refresher Courses for Nursing Staff and Arrangements, if any, for District Nurse Training*

Nurses from time to time are given leave with pay and expenses to attend refresher courses. Details of the Bradford key training centre have already been given.

## **9. Vaccination and Immunisation**

A sustained effort is maintained at all times to secure the vaccination and immunisation of the child population. Bradford citizens over the years have not been ardent protagonists of vaccination and immunisation. Much of the resistance has now been broken down however, although it is still met in unexpected quarters.

The main agents in this propaganda work are the health visitors and the general medical practitioners who themselves do much of the vaccination and immunisation work. In addition a pamphlet is sent out to the parents of each child on its first birthday, drawing their

attention to the necessity of vaccination and immunisation if this has not already been carried out. The usual posters on the subject are displayed on hoardings from time to time and pamphlets on the subject are available for distribution or picking up at all the child welfare centres.

Arrangements for “boosting” injections of diphtheria prophylactic are made through the School Medical Service. Parents of all new entrants to school are circularised about the necessity for boosting doses and are given particulars as to how to obtain the necessary service.

School medical officers at the routine medical examination of new entrants check up on the immunisation history and carry out a primary diphtheria immunisation or secondary boosting immunisation where necessary.

*Whooping Cough Immunisation*

No arrangements have been made heretofore for general medical practitioners to immunise children against whooping cough on behalf of the Local Authority. A certain number of immunisations are performed at child welfare clinic sessions at the request of parents.

Within a few months it is the intention to actively encourage general practitioners to undertake whooping cough vaccinations on behalf of the Local Authority. Vaccinations will be restricted to children between the ages of four months and four years.

**10. Ambulance Service**

The work done by the service during 1952 is best shown in tabular form and in comparison with previous years:

	1948	1949	1950	1951	1952
Cases	24,059	47,012	69,691	85,237	93,128
Mileage	157,451	250,969	282,039	299,452	309,779

The number of cases dealt with in 1952 is almost double the number carried in 1949, the first full year of the National Health Service.

A second table shows the number of cases in certain categories for the years 1950, 1951 and 1952:

	1950	1951	1952
Maternity .. .. .	1,690	1,759	Not available
Infectious Diseases .. .. .	1,613	1,441	Not available
Accidents .. .. .	2,903	2,892	Not available
Mentally Handicapped Children ..	22,179	31,380	35,845
Out Patients .. .. .	28,263	35,303	38,327
Admissions, Discharges, Transfers, etc. .. .. .	13,143	12,462	Not available
Totals .. .. .	69,691	85,237	93,128
Percentage increase over previous year .. .. .	46	21	9

The 9 per cent increase during the past year is almost entirely due to an increase in the numbers in two categories, viz., out-patients and mentally handicapped children.

The demand for transport for mentally handicapped children is governed by the number of places available in the Occupation Centres. As all the places are now taken up, an increased demand for transport during 1953 is unlikely.

The situation as far as out-patients is concerned is quite different. While all the main catagories of cases have remained more or less stable in number during the past three years with the exception of mentally handicapped children, the number of out-patients requiring transport has shown a 24 per cent increase in 1951 as against 1950 and a further 49 per cent increase in 1952. This increase in the number of out-patients needing transport may be due in some degree to the treatment as out-patients of some who would otherwise occupy hospital beds, and a valuable saving is thus effected as far as the hospital is concerned. This policy does, however, put an increased strain on the Ambulance Service.

*Any Special Arrangements in Force with Hospitals and General Practitioners to Ensure the Proper and Economical Use of the Service.*

At each of the main hospitals arrangements have been made for one individual to be responsible for all requests for ambulance transport.

The officers responsible for this work are employees of the Management Committee and by the nature of their work are in constant touch with the Ambulance Service control and are very conscious of the need for the most economic deployment of vehicles and personnel available. The hospital transport officers cannot control the demand for transport which is a matter for the medical staff of the hospitals and general practitioners to whom representations have been made from time to time asking for a very careful assessment of need before requesting transport.

#### *Any Abuses Observed or Difficulties Encountered*

There is much less abuse of the service now than formerly. Occasional fruitless journeys are made, the causes of which are investigated carefully with hospital officers. These are much less common.

The chief difficulties which beset the service are in connection with out-patient transport. Considerable relief would be experienced if out-patients could have treatment at the hospital nearest to where they live. It would also ease the work considerably if St. Luke's Hospital resumed the acceptance of accident and emergency cases, as it previously did from the southern half of the City. Because of accommodation and staff difficulties at St. Luke's Hospital all accident and emergency cases have to be taken to the Bradford Royal Infirmary which is situated on the north-west perimeter of the City  $2\frac{1}{2}$  miles from the City centre. This adds to the mileage on the occasion of the first call, but what is more important the follow-up out-patient treatment has to be continued at the Royal Infirmary.

It is understood that as soon as the new Casualty Department at St. Luke's Hospital has been completed, a resumption of the normal procedure will take place.

## Prevention, Care and After-Care

The administration of this service is the responsibility of a Subcommittee of the Health Committee.

### 1. *Tuberculosis*

The Senior Chest Physician by arrangement with the Regional Hospital Board devotes a nominal two sessions a week to the prevention, care and after-care work in connection with this disease. To assist him in this work, four health visitors have been seconded to the Bradford Chest Clinic which is now situated at St. Luke's Hospital. One of the health visitors is senior and in charge of tuberculosis visiting, but is responsible to the Superintendent Health Visitor to whom she reports weekly. The health visitors seconded for this work are engaged wholly on tuberculosis visiting. They attend clinic sessions at which patients in their district attend, advise on home conditions, and generally work in the closest liaison with the medical and nursing staff of the clinic. They are responsible for the tracing of contacts and their attendance at special contact sessions.

Discussions are taking place at the moment respecting the attendance of the Deputy Medical Officer of Health at the clinic for one or two sessions a week. He would assist in dealing with contacts and take a considerable part in the future in B.C.G. vaccination work. His attachment to the Chest Clinic for even one session a week would still further increase the close co-ordination which exists between the clinic and the Central Public Health Department.

Thirty-nine B.C.G. vaccinations were performed by the Chest Physician and his assistant during January, and in this connection a small hospital unit is maintained in Oakwell House, a mother and baby home, for the isolation of infants who are about to be or have been vaccinated with B.C.G. vaccine, and who must be segregated from highly infectious parents. Considerable use has been made of this unit by the Chest Physician.



### *Re-housing of the Tuberculous Patient*

By a recent decision of the City Council, the Medical Officer of Health is permitted to recommend the allocation of Corporation houses outside the "points scheme" in urgent cases of health necessity. Many recommendations in respect of infectious tuberculous cases have been made and accepted by the appropriate Committee and the housing situation of the majority of the patients on the register is reasonably satisfactory, having regard to the general need of the rest of the population.

### *Provision of Equipment for Patients Nursed at Home*

Articles of sick room equipment are loaned to tuberculous patients being nursed at home free of charge. Similarly mattresses, sheets and blankets are issued on loan in cases of need.

### *Additional Nutriment*

On certification by the Chest Physician or the Assistant Chest Physician, milk is provided free of charge or at a small charge according to the means of the patient.

### *Return to Employment*

The Chest Physician and the health visitors are in constant touch with officers of the Ministry of Labour with reference to the obtaining of suitable employment for patients after discharge from hospital.

### *Workshops, Settlements and Night Sanatoria*

It has not been possible to make any experiments of the above type.

## *2. Illness Generally*

The health visitors make arrangements for the after-care of patients discharged from hospital on notification by the hospital almoners. In many cases the almoners make the approach direct to the appropriate section to fulfil their needs, e.g. to the Home Help Organiser for the services of a home help or to the Superintendent of District Nurses for the assistance of a nurse.

The contacts between health visitors and hospital almoners are quite informal and no official letters pass between the departments. The system works quite satisfactorily.

Admissions and discharges of children to and from hospital are made the subject of a letter from the Hospital Secretary. This is of great benefit to the School Health Service. Copies of the letter sent by the consultant in charge of the case to the general practitioner are not furnished to the School Medical Officer.

No specialist after-care arrangements are made in respect of special diseases such as diabetes or gastric and duodenal ulcer. This may be arranged when the number of health visitors employed by the Authority increases.

*Venereal Disease*

The follow up of cases is the responsibility of a health visitor employed by the Local Health Authority. She is seconded to the Venereal Diseases Clinic and works under the direction of the Venereologist.

*Mental Illness or Defectiveness*

Arrangements for the after-care and prevention of these conditions are dealt with in Section 14.

**12. Domestic Help**

For many years before the National Health Service Act a limited service of domestic help for maternity cases was available in the City, provided by a voluntary organisation—the Maternity Care Committee.

A much expanded service is now available, with a staff consisting of a domestic help organiser, two assistants and clerical staff.

The number of domestic helps employed at the end of 1952 was as follows:

Full-time helps employed	45
Part-time „ „	69
	<hr/>
	114
	<hr/>

(Equivalent to 70 full-time helps working 44 hours a week).



The growth of the service since 1948 is shown in the following table:

Date	Number of helps employed		Equivalent No. of full-time helps	Average No. of cases attended weekly
	Full-time	Part-time		
July 1948	6	12		—
Dec. 1948	15	20		43
Dec. 1949	25	24		76
Dec. 1950	30	39	47 (working 48 hour week)	136
Dec. 1951	45	54	67 do.	200
Dec. 1952	45	69	70 (working 44 hour week)	195

It is hoped to bring the equivalent number of full-time helps up to 75 during 1953.

New applications for assistance during 1952 were 1,684 compared with 1,278 in 1951. The average number of hours worked at each case is 150.

The following table shows a further analysis of the applications; the number of cases where help was given and the number of cases attended in respect of which no charge was made. Where a charge is made it is decided by the assessment officer of the service, in accordance with the scale recommended by the Association of Municipal Corporations and adopted by the City Council.

New applications received in respect of:

	1951	1952
General and chronic sickness	492	502
Old people .. ..	341	771
Tuberculosis .. ..	19	24
Blind .. ..	12	19
Maternity .. ..	414	368
Totals .. ..	<u>1,278</u>	<u>1,684</u>

Number of cases where help was given:

	1951	1952
General and chronic sickness	386	343
Old people .. ..	298	567
Tuberculosis .. ..	17	20
Blind .. ..	11	19
Maternity .. ..	179	169
Totals .. ..	<u>891</u>	<u>1,118</u>

Number of cases attended in respect of which no charge was made.

	1951	1952
General and chronic sickness	78	114
Old people .. .. .	193	477
Tuberculosis .. .. .	6	11
Blind .. .. .	10	12
Maternity .. .. .	5	7
Totals .. .. .	292	621

It will be seen that the biggest percentage increase in demand on the service comes from old people—an increase of 226 per cent in 1952 from 1951.

In Bradford there are 14,800 households consisting of one person, representing 15·5 per cent of the total number of families. This is a much higher figure than the average for England and Wales of 10·7 per cent.

The existence of such a large proportion of the population, many of them aged, living on their own, throws a heavy burden on the service.

### 13. Health Education

During the year numerous lectures were given to many different organisations by various members of the Health Department staff. The subjects covered all aspects of the Department's work and in many of them attempted to show how disease can be prevented by the application of good hygiene standards. Attention was drawn to the great increase in food poisoning and to the dangers of faulty cooking and preparation methods, both at home and in large catering establishments. The special "danger" foods were emphasised and filmstrips were provided to demonstrate the points raised. Forty-three lectures were given to 379 canteen assistants from various establishments in the City. The outbreak of paratyphoid fever gave an opportunity for emphasising, by means of special lectures to managers of all food premises in the City how such diseases might be prevented by the employment of good hygienic standards.

The educative work of the medical officers and health visitors in the welfare clinics has gone on steadily. Pamphlets on baby feeding and the management of childish ailments and many other topics were distributed to the mothers, but the main method of education is the personal approach of the doctor or health visitor to the mother at the clinic or at the visit to the home.

Much use is made of the material provided for health education purposes by the Central Council for Health Education. Their Topic Display Service is utilised and an attractive stand is stationed for a time at the Central Clinic, at the Central School Clinic and other branch clinics.

The prevention of accidents in the home is the constant concern of the health visitor during her visits, when she emphasises the need for constant vigilance on the part of parents and older children. She ensures that each fire is adequately protected by a guard, and helps to provide such guards in poor homes. A voluntary committee is in existence which concerns itself with propaganda work in this regard, and from time to time provides window displays in shops in the central area drawing public attention to this problem.

Despite what has been said above it is considered that not enough is done in the way of propaganda to increase home safety, and it is intended to extend activities in this regard during 1953.

## **14.**

### **Mental Health**

#### *(1) Administration*

##### *(a) Constitution and Meetings of Committee*

The Service is administered by the Health Committee's Mental Health Sub-Committee, which consists of twelve elected representatives of the Council and three co-opted members. Monthly meetings are held.

(b) *Staff employed in the Mental Health Service is as follows:*

Medical Officer for Mental Health (vacant).

Mental Welfare Officer.

Four Duly Authorised Officers.

One Occupation Centre Supervisor.

Six Assistant Occupation Centre Supervisors.

One Mental Deficiency Social Worker.

Clerical Staff (2).

(c) *Co-ordination with Regional Hospital Board and the Hospital Management Committees.*

A former chairman of the Health Committee of the Bradford City Council is a member of the Regional Hospital Board and two members of the City Council (one a member of the Health Committee and one a member of the Welfare Committee) are members of Hospital Management Committee "B" which controls the mental deficiency institutions to which the majority of Bradford cases are admitted.

Co-operation and co-ordination between the various committees at officer level is quite satisfactory, despite the acute shortage of mental deficiency hospital beds which has affected the Bradford service adversely; there were an adequate number of beds available for Bradford cases before regionalisation of the service and the introduction of a regional bed bureau with headquarters perforce at some distance from Bradford has not improved matters. It is hoped that the Regional Hospital Board will be able to proceed at an early date with the proposed extension of the Westwood Hospital.

A scheme is at present under consideration whereby a consultant out-patient clinic might be established at the Westwood Hospital, where parents of defectives could be referred for specialist advice from the Hospital Consultant and where mental defectives could be referred for specialist opinion. It is also envisaged that such a clinic would serve the purpose of a local sub-area bed bureau in that selection of

cases referred for particular institutions suited to their needs could be decided by discussion between the Consultant Psychiatrist and the representative of the Local Authority Mental Health Service concerned in the case. Priority of admission of cases could also be decided in this way instead of by the existing method which is regarded as most unsatisfactory.

*(d) Duties Delegated to Voluntary Associations*

No duties have been delegated to voluntary associations but the department continues to keep in touch with the National Association for Mental Health which continues to be of help and service in many ways.

*(e) Training of Mental Health Workers*

Students for the "Diploma" Course for Occupation Centre Supervisors promoted by the National Association for Mental Health have continued to attend the Occupation Centre for practical training. Field workers in the Mental Health Service have "sat-in" at lectures on mental health given to the Student Health Visitors Course at the Bradford Technical College.

*(2) Work Undertaken in the Community, etc.*

*(a) Prevention, Care and After-Care*

An increase in the number of authorised officers has enabled further after-care work to be undertaken. At the same time in the absence of properly qualified workers for this highly specialised work it is most desirable that academic courses of instruction should be arranged for these officers. Efforts have been made for the mental health workers to keep in touch with patients after their admission to mental hospital, in order that patients might regard the mental health worker as a friend, and accept his help after mental hospital treatment.

Many cases are referred by the Mental Health Service to the psychiatric out-patient clinics at St. Luke's Hospital and the Bradford Royal Infirmary which continue to meet a very real need. Nevertheless



the work of the Service could be considerably improved if it were possible to fill the existing vacancy on the establishment for a senior medical officer of consultant status in psychiatry. The salary offered for such a post, as determined by the Industrial Court Award for Senior Medical Officers, in the local authority service, is not high enough to attract suitable candidates.

*(b) Under the Lunacy and Mental Treatment Acts.*

The notifications of persons of unsound mind and those suffering from mental illness has maintained itself, more or less, at the same level during the past few years.

The greatest difficulty experienced by the authorised officers in carrying out their duties has again been the shortage of "Section 20" accommodation in Bradford. Continued representations were made during the year to the Regional Hospital Board, the Hospital "B" Management Committee, and the Board of Control, on this question. No improvement in the situation has so far been effected.

Many senile dementia cases whose confusional state would improve after a few days' rest and quiet have perforce to suffer certification by reason of the lack of "observation (Section 20) beds." This results in the admission wards of the large mental hospitals concerned becoming increasingly full of chronic cases requiring care and attention only; they occupy beds which would normally be used for those patients requiring positive treatment for mental illness.

On this point it might be mentioned that, owing to this difficult bed situation, it is frequently impossible to obtain vacancies for would-be voluntary cases, a very regrettable matter indeed when this form of admission is so much advocated and so very desirable for suitable cases.

Table A indicates the number of cases dealt with under the Lunacy and Mental Treatment Acts during the year ended 31st December 1952.



(c) *Under the Mental Deficiency Acts, 1913-1938*

(i) *Guardianship and Supervision*

Some 2,000 visits a year are made to the homes of mental defectives.

Clothing for defectives has been supplied from time to time by the Corporation through its Mental Health Service and suitable employment provided in many cases. Cases referred to the National Assistance Board are given every consideration by the officers of the local offices of the Board.

Table B is a copy of the return as made to the Ministry of Health showing the number of defectives reported and dealt with.

(ii) *Occupation Centre*

The Occupation Centre for ineducable mentally defective children, which opened in September 1949, has continued to progress and there are now over 120 in attendance. Conveyance of the children by the Council's Ambulance Service has undoubtedly assisted in the high average attendance.

"Open Days" for parents are held each term and always prove most popular occasions.

Facilities for training of students for the "Diploma" Course for Supervisors of Occupation Centres, promoted by the National Association for Mental Health have been continued.

(iii) *Industrial Centre*

An Industrial Centre, for the training of about 30 unemployable adult male defectives, was opened during 1952 and progress is being made.

(iv) *Ambulance Service*

Of the total of 341 patients removed during the year 1952 to mental hospitals, 340 were conveyed by ambulances and other transport of the Health Department.

TABLE A

THE FOLLOWING FIGURES SHOW THE NUMBER OF CASES DEALT WITH FROM 1/1/52 TO 31/12/52 UNDER THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

	Lunacy Act 1890		Males	Females	Total	Over 70 yrs.	Discharged		Certified Pursuant to Section 16	Other Disposals	
							Died Prior to Further Action	Further Action		Section 1, Mental Treatment Act	Section 5, Mental Treatment Act
Section 20 ..	..	..	28	25	53	29	2	6	21	24	—
Section 11 ..	..	..	—	—	—	—	—	—	—	—	—
Section 21 ..	..	..	6	21	27	17	—	4	9	14	—
Section 16 ..	..	..	71	112	183	40	—	—	183	—	—
Totals ..	..	..	105	158	263	86	2	10	213	38	—
Mental Treatment Act 1930 Section 1 ..	..	..	29	26	55	3	—	—	—	55	—
Mental Treatment Act 1930 Section 5 ..	..	..	3	4	7	—	—	—	—	—	7
Totals ..	..	..	32	30	62	3	—	—	—	55	7
Grand Totals ..	..	..	137	188	325	89	2	10	213	93	7

# TABLE B

## MENTAL DEFICIENCY ACTS, 1913-1938

								Total cases on Authority's regis- ters as at 1.1.1953			
								During 1952		Under Aged 16	
								Under Aged 16		age 16 and over	
								M.	F.	M.	F.
								M.	F.	M.	F.
1. <i>Particulars of cases reported during 1952</i>											
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with."											
Action taken on reports by:											
(i) Local Education Authorities on children											
(1) While at school or liable to attend school .. .. .											
								18	13	—	—
(2) On leaving special schools .. .. .								—	—	15	7
(3) On leaving ordinary schools .. .. .								—	—	—	—
(ii) Police or by Courts .. .. .											
								—	—	4	—
(iii) Other sources .. .. .											
								2	7	1	2
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground .. .. .											
								—	—	1	1
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b) .. .. .											
								—	—	—	—
Total number of cases reported during the year .. .. .											
								20	20	21	10
2. <i>Disposal of cases</i>											
(a) Of the cases ascertained to be defectives "subject to be dealt with" number:—											
(i) Placed under Statutory Supervision .. .. .											
								17	20	16	9
* (ii) Placed under Guardianship .. .. .											
								—	—	1	—
(iii) Taken to "Places of Safety" .. .. .											
								1	—	—	—
(iv) Admitted to Institutions .. .. .											
								2	—	3	—
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number:—											
(i) Placed under Voluntary Supervision .. .. .											
								—	—	1	1
(ii) Action unnecessary .. .. .											
								—	—	—	—
Total of Item 2 .. .. .											
								20	20	21	10

\*The number of defectives under Guardianship on 1st January 1953 who were dealt with under the provisions of Section 8 or 9 was: Males 1; Females 0.

		Total cases on Authority's regis- ters as at 1.1.1953			
During 1952		Under Aged 16		Under Aged 16	
age 16 and over		age 16 and over		age 16 and over	
M.	F.	M.	F.	M.	F.

3. Classification of defectives in the Community on 1.1.53

(a) Cases included in item 2(a) (i) to (iii) above in need of institutional care:

(1) In urgent need of institutional care:

(i) "cot and chair" cases ..	..	—	—	—	—	5	4	—	—
(ii) ambulant low grade cases ..	..	—	—	—	—	4	1	2	—
(iii) medium grade cases ..	..	—	—	—	—	3	—	—	—
(iv) high grade cases ..	..	—	—	—	—	1	—	2	2

(2) Not in urgent need of institutional care:

(i) "cot and chair" cases ..	..	—	—	—	—	2	1	—	—
(ii) ambulant low grade cases ..	..	—	—	—	—	1	1	—	—
(iii) medium grade cases ..	..	—	—	—	—	1	—	—	—
(iv) high grade cases ..	..	—	—	—	—	—	—	1	—

Total of item 3(a) ..	..	..	..	..	..	17	7	5	2
-----------------------	----	----	----	----	----	----	---	---	---

		Aged	
		Under age 16	16 and over
M.	F.	M.	F.

(b) of the cases included in items 2(a) (i) and 2(b) (i) overleaf, number considered suitable for:

(i) occupation centre ..	..	..	..	..	49	50	—	16
(ii) industrial centre ..	..	..	..	..	4	—	23	—
(iii) home training ..	..	..	..	..	—	—	—	—
Total of item 3(b) ..	..	..	..	..	53	50	23	16

(c) Of the cases included in item 3(b) number receiving training on 1.1.53:

(i) in occupation centre ..	..	..	..	..	46	43	—	16
(ii) in industrial centre ..	..	..	..	..	4	—	18	—
(iii) at home ..	..	..	..	..	—	—	—	—
Total of item 3(c) ..	..	..	..	..	50	43	18	16

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	M.	F.	Total
(a) Ceased to be under care ..	16	9	25
(b) Died, removed from area, or lost sight of ..	9	5	14
Totals	25	14	39

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952..	2
	Males Females
(b) Number who have married during 1952..	3 4



## **Section 4**

---

### **Children Neglected or Ill-treated in their own Homes**





### **Children Neglected or Ill-treated in their own Homes**

Efforts to secure co-ordination among the local services, statutory and voluntary, which are concerned with the welfare of children in their own homes, continued during the year. The main method of securing this co-ordination was by means of the Neglected Children Case Sub-Committee which is made up of field workers concerned with the problem. During the year there were eight meetings of this Case Sub-Committee, with an average attendance of 15 workers. Thirty-one families were discussed and in many cases appropriate assistance was forthcoming to meet the needs of the families. In all, 64 families have been considered by the Sub-Committee since its inauguration.

Beds, bedding and clothing have been provided and in many cases efforts have been successful in rehousing many who were living in unsatisfactory home conditions.

It is considered that this Committee is serving a useful function by bringing into close personal contact all the field workers concerned in the problem and in this way preventing, to some extent at least, the overlapping which is so apt to occur. Care is taken to avoid interference with the statutory obligations of any department.

A scheme is being tried whereby each member of the Committee, whatever his statutory obligation may be, is given personal responsibility for the rehabilitation of one or more families with whom, for one reason or another, he has been most closely associated. Greater emphasis is being placed on case work approach, particularly in those families which are showing the early symptoms and signs of breakdown.

As fore shadowed in the 1951 report the Bradford Family Service Unit Committee was set up during the year. Despite the difficulties of obtaining the services of a suitable Case Worker/Organiser, definite progress has been made in establishing a satisfactory organisation.



### School Health Service

STAFF

SCHOOL HEALTH SERVICE

TREATMENT OF WARTS AND  
ENURESIS

MEDICAL INSPECTION

SPECIAL EDUCATIONAL TREAT-  
MENT

CASES SEEN BY OPHTHALMIC  
SURGEON

DIPHTHERIA IMMUNISATION

CHILDREN'S FEET

INFECTIOUS DISEASES

CO-OPERATION OF PARENTS,  
TEACHERS, ETC.

ROUTINE MEDICAL INSPECTIONS

VERMIN INFESTATION

PHYSIOTHERAPY REPORT

ULTRA-VIOLET RAY THERAPY

LANGLEY RESIDENTIAL SCHOOL

MARGARET McMILLAN SCHOOL  
FOR EDUCATIONALLY SUB-  
NORMAL CHILDREN

LISTER LANE SPECIAL SCHOOL  
FOR PHYSICALLY HANDI-  
CAPPED PUPILS

DAISY HILL PARTIALLY SIGHTED  
SCHOOL

ODSAL HOUSE SCHOOL FOR THE  
DEAF

LINTON RESIDENTIAL RECOVERY  
SCHOOL

LIP READING

SPEECH THERAPY

CHILD GUIDANCE CLINIC

DENTAL REPORT

MEDICAL INSPECTION RETURNS

# City of Bradford

## Annual Report of the School Medical Officer, 1952

*School Medical Officer:* JOHN DOUGLAS, M.D., D.P.H.

*Deputy School Medical Officer:* V. P. McDONAGH, M.B., CH.B., D.P.H.

*Senior Assistant School Medical Officer:* V. H. ATKINSON, M.B., CH.B.,  
D.P.H.

### *Assistant School Medical Officers:*

P. VIEYRA, M.D., D.P.H.

DORIS M. LANGLEY, M.B., CH.B., D.P.H.

ROXY GLOSSOP, M.B., CH.B.

JOAN N. LEEDHAM, M.B., CH.B., D.P.H.

P. PRATT, M.B. CH.B.

K. CROSBIE, M.B., CH.B. } Part-time

### *Specialist Officers:*

*Ophthalmic Surgeon:* JOHN BENSON, F.R.C.S.

*Orthopaedic Surgeons:* A. NAYLOR, CH.M., M.SC., F.R.C.S.  
J. WISHART, F.R.C.S.

### *School Dental Surgeons:*

H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

S. HALL, L.D.S. (Liv.)

J. YOUNG, B.CH.D., L.D.S. (appointed 3/3/52)



*Physiotherapists:*

Miss K. HUTTON, Central School Clinic

Miss E. M. MORRIS	}	Lister Lane P.H. School
(left 4/7/52)		
Miss V. M. CRIBB		

*School Nurses:*

*Superintendent School Nurse:* Miss F. H. WALKER (appointed 1/4/52)

*Deputy Superintendent School Nurse:*

Miss J. WILCOCK (appointed 1/4/52)

*Nurses:*

S. COULTHARD, K. HEINEMAN, C. M. HAMILTON, F. A. DAY, M. KAY, M. VAN SWANENBERG, M. GOLDMAN (left 31/1/52), E. M. HEWITT (left 31/1/52), M. CARTER (left 30/11/52), H. M. HUDDY, M. G. MUNRO, B. SUGDEN, J. B. WILSON, I. EDWARDS (appointed 1/2/52), M. O'BRIEN (appointed 11/2/52), L. E. CUMMINGS (appointed 1/11/52).

*Speech Therapists:*

Miss M. AYRTON

Mr. F. BROOK (Part-time)

*Chiropodist:*

Mr. W. DALBY (Part-time)

*Dental Attendants:*

Miss J. STIRK

Miss M. ANDREWS (appointed 14/7/52)

*Child Guidance Clinic:*

*Psychiatrist:* H. EDELSTON, M.B., D.P.M.

*Educational Psychologist:* Mrs. B. BROOK, B.A.

*Psychiatric Social Worker:* Miss HEYWORTH

## **School Health Report**

V. H. ATKINSON, M.B., CH.B., D.P.H., *Senior Assistant School Medical Officer*

### **School Health Service**

During the year 1952 four noteworthy features of the service were the appointment for the first time of a Superintendent Nurse, a re-drafting of the summaries of periodic medical inspections in schools, an intensified effort to cure cases of chronic middle ear disease, and the care of incontinent spina bifida patients. The two latter are described in the sections on Odsal and Lister Lane Special Day Schools respectively.

Questions had been raised at Joint Health and Education Sub-Committee meetings about apparent inconsistencies among several reports, e.g., varying emphases on unsatisfactory features of premises, or the number of abnormal pupils found at different schools. The unfortunate fact must be accepted that, owing to circumstances beyond local control, many years must elapse before our worst buildings can be replaced or modernised. The term "abnormal" was admittedly ambiguous; it derived from a long-standing statistical practice of adding all defects, perhaps several in the same child, which had been marked for further attention. In order to further objective standards a new scheme was introduced with notes on apposite regulations and on average incidences. The word abnormal is no longer used; instead are given the aggregates of named defects requiring observation or treatment found in each school department.

The following tables show tabulations of hygiene conditions compiled from summary sheets; some old type, some new, which were completed by the medical officers at the close of school inspections.

Items in Schools reported on							Conditions Found	
							County Schools Inspected	Voluntary Schools Inspected
							85	41
1. Surroundings:	Open	..	..	..	..	..	59	15
	Congested	..	..	..	..	..	26	26
2. Playground:	Adequacy	..	..	Satisfactory	..	..	62	11
				Unsatisfactory			23	30
	Surface	..	..	Satisfactory	..	..	53	16
				Unsatisfactory			32	25
	Tidiness	..	..	Satisfactory	..	..	83	39
				Unsatisfactory			2	2
	Condition of Dust Bins			Satisfactory	..	..	63	26
				Unsatisfactory			22	15
3. Classrooms	..	..	..	..	Satisfactory	..	74	35
					Unsatisfactory		11	6
	Adequacy	..	..	Satisfactory	..	..	69	32
				Unsatisfactory			16	9
	Condition of Walls and Floors	..	..	Satisfactory	..	..	51	17
				Unsatisfactory			34	24
	Means of preventing and removing dust			Satisfactory	..	..	81	34
				Unsatisfactory			4	7
	Waste receptacles	..		Satisfactory	..	..	85	41
				Unsatisfactory			—	—
4. Furniture:	Desks	..	..	Satisfactory	..	..	75	36
				Unsatisfactory			10	5
	Suitability	..	..	Satisfactory	..	..	58	35
				Unsatisfactory			27	6
5. Blackboards	..	..	..	..	Satisfactory	..	79	37
					Unsatisfactory		6	4
	Do surfaces shine?..			Yes	..	..	9	5
				No	..	..	76	36
6. Ventilation	..	..	..	..	Natural	..	60	36
					Artificial	..	25	5
	Efficiency	..	..	Satisfactory	..	..	60	32
				Unsatisfactory			25	9
7. Lighting:	Natural	..	..	Satisfactory	..	..	80	38
				Unsatisfactory			5	3
8. Lighting:	Artificial	..	..	Satisfactory	..	..	67	35
				Unsatisfactory			18	6
9. Heating..	..	..	..	..	Satisfactory	..	84	41
					Unsatisfactory		1	—
	Efficiency	..	..	Satisfactory	..	..	65	35
				Unsatisfactory			20	6
	Are room temperature charts kept up-to-date?	..	..	Yes	..	..	13	6
				No	..	..	72	35

Items in Schools reported on					Conditions found	
					County Schools	Voluntary Schools
					Inspected	Inspected
10.	Medical Room .. .. .	Present ..	12	1		
		Absent.. ..	73	40		
11.	Staff Rooms .. .. .	Satisfactory ..	65	17		
		Unsatisfactory	20	24		
12.	Drinking Water: Adequacy of cups, jets, etc. .. ..	Adequate ..	59	31		
		Inadequate ..	26	10		
13.	Dining Rooms .. .. .	Present ..	41	6		
		Absent.. ..	44	35		
14.	Wash Basins .. .. .	Adequate ..	8	3		
		Inadequate ..	77	38		
	Suitability .. ..	Satisfactory ..	40	21		
		Unsatisfactory	45	20		
15.	Towels .. .. .	Satisfactory ..	80	38		
		Unsatisfactory	5	3		
	Condition .. ..	Satisfactory ..	80	39		
		Unsatisfactory	5	2		
16.	Showers.. .. .	Present ..	13	1		
		Absent.. ..	72	40		
17.	Cloak Rooms .. .. .	Satisfactory ..	65	23		
		Unsatisfactory	20	18		
18.	Drying facilities .. ..	Present ..	20	11		
		Absent.. ..	65	30		
19.	Sanitary Offices: W.C.'s .. ..	Adequate ..	15	7		
		Inadequate ..	70	34		
	Type .. ..	Satisfactory ..	69	30		
		Unsatisfactory	16	11		
	Condition .. ..	Satisfactory ..	66	22		
		Unsatisfactory	19	19		
	Method and efficiency of flushing ..	Satisfactory ..	74	31		
		Unsatisfactory	11	10		
	Number of W.C.'s with bolts on inside of doors and sanitary bins reserved for older girls ..	Absent or inadequate ..	5	1		
	Urinals .. ..	Adequate ..	64	20		
		Inadequate ..	13	19		
	Flushing .. ..	Satisfactory ..	57	31		
		Unsatisfactory	20	8		

Items in Schools reported on						Conditions found	
						County Schools Inspected	Voluntary Schools Inspected
						17	13
1.	Surroundings	..	..	..	Open ..	8	7
					Congested ..	9	6
2.	Ventilation:	Natural	..	..	Satisfactory ..	13	12
					Unsatisfactory	1	1
		Artificial	..	..	Satisfactory ..	3	—
					Unsatisfactory	2	1
3.	Lighting:	Natural	..	..	Satisfactory ..	14	10
					Unsatisfactory	3	2
		Artificial	..	..	Satisfactory ..	10	3
					Unsatisfactory	7	4
4.	Heating..	..	..	..	Satisfactory ..	15	13
					Unsatisfactory	2	—
5.	Furniture						
	(a) Desks:	Old-fashioned	..	..	Satisfactory ..	—	—
					Unsatisfactory	2	4
		Modern	..	..	Satisfactory ..	15	8
					Unsatisfactory	—	1
	(b) Blackboards	..	..	..	Satisfactory ..	16	12
					Unsatisfactory	1	1
6.	Water Supply						
	(a) Washing (towels, etc.)	..	..	..	Adequate ..	15	8
					Inadequate ..	2	5
	(b) Drinking cups	..	..	..	Adequate ..	14	10
					Inadequate ..	3	1
7.	Cloakrooms						
	(a) Condition ..	..	..	..	Satisfactory ..	15	8
					Unsatisfactory	2	5
	(b) Arrangements for drying footwear and clothing	..	..	..	Present ..	6	—
					Absent.. ..	11	13
8.	Walls and Floors:						
		Condition and cleanliness			Satisfactory ..	11	9
					Unsatisfactory	6	4
9.	Sanitary conveniences						
	(a) Lavatories..	..	..	..	Satisfactory ..	11	7
					Unsatisfactory	5	5
					Satisfactory but insufficient ..	1	1
	(b) W.C.'s (trough system)	..	..	..	Satisfactory ..	11	8
					Unsatisfactory	4	3
					Insufficient ..	2	2
	(c) Urinals	..	..	..	Satisfactory ..	9	3
					Unsatisfactory	5	6
					Satisfactory but insufficient ..	1	2
					Hand flush un- satisfactory..	1	1
10.	Playgrounds	..	..	..	Satisfactory ..	10	2
					Unsatisfactory	3	6
					Satisfactory but inadequate ..	4	5

## **Treatment of Warts and Enuresis**

This was again undertaken by Dr. J. N. Leedham.

### *Warts*

During the year 120 children attended Lapage Street Clinic for the treatment of warts. These were removed either by scooping with a Volkman Spoon under local anaesthetic or by freezing with carbon dioxide snow. A total of 106 children (60 males and 46 females) had 360 warts removed by scooping. Nine children (four males and five females) had 52 warts removed by freezing. Five children were referred to the dermatological unit at the Bradford Royal Infirmary because of warts which were on the face.

It was observed that the warts are more prevalent and spread more quickly in summer than during winter months.

### *Enuresis*

During 1952, 37 children (18 girls and 19 boys) attended Lapage Street Clinic at monthly intervals for treatment of nocturnal enuresis. The treatment included keeping a calendar and the administration of either phenobarbitone gr.  $\frac{1}{4}$  at bedtime or benadryl mgm. 25 twice daily. Eleven children were discharged cured; six boys and two girls were referred to the enuresis clinic at the Children's Hospital because of poor response. Ten children are continuing treatment with considerable improvement, as are five who have shown very little response after a short time. Three children failed to report for continuation of treatment.

## **Medical Inspection**

As usual, the organisation was based on the annual examination of recommended age groups. All children over twelve years in grammar schools are also seen each year. The names of scholarship winners, owing to more individual methods of selection, were not known as early as usual. Consequently these successful candidates could not be medically examined until after admittance to grammar or central schools. In addition, children attending nursery departments were seen by the doctor each month, ensuring early detection and treatment of defects.



In accordance with the Ministry's regulations every school had a periodic medical inspection during the year 1952. The presence and co-operation of the parent, a written consent to immunisation and a list of the child's previous illnesses was requested on these occasions.

Many serious defects had been recognised and dealt with before the children reached school age. Defects noticed by the teacher, such as squint, suspected visual or hearing loss, skin disease, etc., are notified to the School Medical Officer or school nurse and immediate investigation and appropriate treatment follow.

It is unfortunate that so many schools are still without accommodation reserved for medical use, but tribute must be paid to the readiness with which staff-room or classroom is placed at our disposal by the head teacher. Co-operation by the teaching staff has always been a most important factor in the success of the school inspections, and one which is much appreciated by the school health personnel. The presence of a teacher at inspections is particularly valued as any defect found in the child can be jointly discussed and any necessary modification of school curriculum arranged at once.

Most children, particularly in infant and primary schools, were accompanied by their parents who, in all but isolated instances, were eager to take advice and carry out suggested treatment. Scholars now accept the medical inspection as part of their school routine and it is most unusual to have any protest from even the youngest examinee.

The general standard of child health was good. Cases of sub-nutrition are few in even the poorest districts since the introduction of school meals and milk. Lack of rest is still a problem—many children go to bed far too late. In some Bradford schools an official bedtime is among the school rules sent to the parent. This has great moral effect and could, with advantage, be more widely followed.

Facilities for the treatment of minor postural and foot defects are available in many school gymnasia. Several cases of slight flat foot and round shoulders proved amenable to treatment there without necessitating reference to the physiotherapy department at Manor Row Clinic. It is hoped that eventually such treatment for the improvement of lax muscle tone will be carried out in all primary and secondary schools.

Major deformities, active tuberculosis and gross lesions were rarely encountered.

The incidence of visual defect remained high. Annual sight testing of all children over the age of seven is a necessary precaution. Many teachers are invaluable allies in ensuring that glasses are worn regularly.

Children with defects found at medical inspection were further examined and treated where necessary at the school clinics.

Medicines and domiciliary treatment were not included. Clinic treatment was provided free for children of school age suffering from visual, hearing, dental, speech, postural, skin, emotional and other defects. Severely handicapped pupils are transferred to special schools. A census of all children of school age in the City is taken annually by the attendance officers. Children reaching the age of five years whose names are not on any school register are reported to the School Medical Officer, who has each case either medically examined at the clinic or obtains evidence that the child is unfit to attend school.

*Arrangements for Treatment*

- (a) Minor ailments .. School Clinics.
- (b) Tonsils and adenoids (operations) .. .. The Royal Eye and Ear Hospital.
- (c) Tuberculosis .. .. Chest Clinic.
- (d) Skin disease .. .. School Clinics, Royal Infirmary, Children's Hospital and St. Luke's Hospital.
- (e) External eye disease .. School Clinics, Ophthalmic Clinic (Manor Row), and the Royal Eye and Ear Hospital.
- (f) Vision .. .. School Clinics, Ophthalmic Clinic (Manor Row).
- (g) Ear disease and hearing .. School Clinic and Ear Hospital.
- (h) Dental defects .. .. Central School Clinic.
- (i) Crippling defects and orthopaedic .. .. School for Handicapped Pupils and St. Luke's Hospital.

*Attendances made by Children at the School Clinics during the Year 1952:—*

To see the doctor	..	..	..	..	..	..	7,010
Minor ailments	..	..	..	..	..	..	30,601
Eye specialist	..	..	..	..	..	..	296
Speech therapist	..	..	..	..	..	..	2,026
Chiropodist	..	..	..	..	..	..	810
Immunisation	..	..	..	..	..	..	736
Dental treatment	..	..	..	..	..	..	12,259
Total							53,738

*Number of Children recommended for admission to:—*

School for Physically Handicapped Pupils (Lister Lane)	29
School for Educationally Sub-normal Pupils (McMillan)	16
School for Deaf and Partially Deaf Pupils (Odsal House)	11
School for Partially Sighted Pupils (Daisy Hill).. ..	9
Langley Residential School for Handicapped Pupils ..	12
Linton Residential Recovery School.. .. .	52

*Reported to Mental Health Committee for:—*

Occupation Centre .. .. .	16
Certification as mentally defectives .. .. .	4
Institutional care .. .. .	6

Number of cases where neglect was suspected referred to N.S.P.C.C. 38

## Special Educational Treatment

At 1st December, 1952, there were 21 children accommodated in institutions not maintained by the Authority.

These are classified as follows:—

	Boys	Girls
Blind .. .. .	6	2
Deaf .. .. .	1	1
Physically handicapped .. .. .	1	1
Educationally sub-normal .. .. .	—	2
Diabetic .. .. .	1	2
Epileptic .. .. .	1	—
Blind and educationally sub-normal .. .. .	2	—
Physically handicapped and educationally sub-normal .. .. .	—	1

The following cases were awaiting admission to special schools not maintained by the Authority on 31st December, 1952:—

- 1 physically handicapped boy
- 1 epileptic girl

## Analysis of Cases seen by Mr. Benson, Ophthalmic Surgeon, at Manor Row Clinic

				Children of school age	Pre-school children	Total
Errors of refraction .. .. .	..	..	..	79	6	85
Squint .. .. .	..	..	..	208	53	261
Other defects .. .. .	..	..	..	10	11	21
Total ..						367
Referred to hospital for operation..				61	3	
Referred to hospital for orthoptic treatment .. .. .	..	..	..	40	2	
Referred Partially Sighted School				3	—	

During the course of the year Mr. Benson examined all the children on register at the Daisy Hill Partially Sighted School and prescribed new glasses for 36 children.

### Diphtheria Immunisation

Total number of school children injected with diphtheria prophylactic at the school clinics or in schools during the year 1952:—

Immunisation completed .. .. .	..	..	..	..	..	209
Reinforcing dose .. .. .	..	..	..	..	..	1,211

A number of pre-school children not attending nurseries came with brothers or sisters and were injected at the same time.

### Children's Feet

During the year a total of 192 children were treated at the Central School Clinic by Mr. J. V. Dalby. Treatment was given during one session of three hours each week to an average of 15 children. A total of 319 visits was recorded during 50 sessions, each child making an average of 4.5 attendances before discharge.

Approximately 80 per cent of the children were treated for verrucae. In addition a careful examination of the feet was carried out in order to ascertain the presence of structural or functional anomalies.

An outstanding feature continues to be the high percentage of pronated feet. Incorrect posture is often solely responsible for the condition, and it has been found necessary to advise parents on the necessity of educating the child in correct posture.

Very few of the children complain of pain, but out of the total number treated it is estimated that 25 per cent had defects which would be likely to cause disability in adult years.

### **Infectious Diseases**

A copy of a "Vade Mecum concerning infectious diseases" is issued to all head teachers in the City. No scholar or teacher shall attend school while suffering, or suspected to be suffering, from any infectious or contagious disease. A teacher suspecting a child in school to be suffering from such a disease shall at once report to the head teacher, who, if circumstances warrant, shall temporarily exclude the affected child or children from school, report the reason for exclusion to the parent or guardian and notify the School Medical Officer. Where further investigation is thought necessary, a nurse is sent to the school concerned to examine contacts, take ear, nose or throat swabs where deemed advisable, and carry out any other precautionary measures required. In cases of diphtheria or scarlet fever the cause of the spread of infection is often found by this method. The assistant school medical officer also visits the school if necessary.

Notifiable infectious diseases are reported to the Medical Officer of Health by assistant school medical officers and private practitioners. All such cases are visited in their homes by a health visitor or sanitary inspector who gives advice to parents concerning the welfare of both the patient and of those in contact.

Where necessary the patient is admitted to hospital. In some cases patient and contacts are excluded from school.



## Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies

The influence of the teacher on the parent can do much to encourage attendance at the clinic for medical or dental treatment. The teacher's special knowledge of a child's environment and standard of parental care is of great value to the medical staff. Co-operation between attendance officers and the school medical department is of great importance. The school attendance officer can often persuade reluctant parents to visit the clinic or private practitioner when children require attention. Persistent absence from school is investigated and children who have changed their address or school are traced. Holidays for necessitous children, provided by the Cinderella Club at the Hest Bank Home, have been much appreciated. A member of the School Medical Service examines each child prior to travelling.

The Victoria Convalescent Fund has also been helpful in providing children convalescing from illness or accident with a much-needed stay in the country or by the sea. During 1952, 38 cases have been referred to the N.S.P.C.C. Inspectors compared with 44 in 1951. This co-operation has been invariable. Their help in persuading parents to have necessary medical attention is gratefully acknowledged.

### Routine Medical Inspections

#### (a) *General Condition*

The general condition of the children examined at medical inspections during 1952 has been arranged in three grades as follows (Table B):—

It is interesting to note comparative figures in the three grades for 1951 and 1952.

		Good	Fair	Poor
1951	..	40.2%	59.0%	0.8%
1952	..	53.4%	46.2%	0.4%

#### (b) *Diseases of the Skin*

At routine medical inspections 875 children were found to be suffering from skin disease, 492 required immediate treatment and 383 were kept under observation. During the year 1,015 cases of skin disease were treated at the school clinics.



(c) *Visual Defect and External Disease of the Eye*

At periodic inspections 2,395 children were found with defective vision, 960 being referred for treatment and 1,435 needing observation only (the latter consisting almost entirely of pupils already wearing suitable glasses).

(d) *Ear Disease and Hearing*

The following table shows the incidence of defects:—

	Periodic Inspections Number of Defects		Special Inspections Number of Defects	
	Requiring Treatment	For Observation	Requiring Treatment	For Observation
1. Hearing impairment..	70	47	36	30
2. Otitis media .. ..	23	45	13	1
3. Other .. .. .	33	43	97	7

(e) *Nose and Throat Defects*

At routine inspection 2,143 cases of nose and throat disease were found, 852 being referred for treatment. At special inspections 74 cases were put under observation, 287 requiring treatment.

A total of 1,381 children received operative treatment for nose and throat defects.

(f) *Defective Speech*

At periodic inspections 107 cases were found, 48 cases at special inspections. In the former group 43 cases and 38 in the latter group required treatment. The remainder were placed under observation. The number of cases treated by the Authority was 131.

(g) *Cervical Glands (non-tubercular)*

At routine medical inspections 236 children were discovered to have enlarged cervical glands, and 29 of these needed treatment. Of 42 cases found at special inspections, 11 were referred for treatment.

#### (h) *Heart and Circulatory Diseases*

Of the 608 cases found at periodic inspection, 285 required treatment. At special inspections 119 cases were discovered, 78 of which needed treatment.

These figures do not include children at Lister Lane School for Physically Handicapped Pupils.

#### (i) *Lungs*

At routine inspection 442 children were found to be suffering from non-tuberculosis lung disease such as bronchitis, asthma, bronchial catarrh, etc., 160 of these required treatment. Of the 217 cases discovered at special inspections, 164 were referred for treatment.

#### (j) *Orthopaedic Defects*

The number of children suffering from this type of defect is shown in the following table:—

				Routine Inspections Number of Defects		Special Inspections Number of Defects	
				Requiring Treatment	For Observation	Requiring Treatment	For Observation
1.	Posture	..	..	410	106	35	24
2.	Flat-foot	..	..	421	181	43	25
3.	Other	..	..	217	510	52	37

#### (k) *Nervous System*

Twenty-eight cases of epilepsy were found at routine inspections, eight cases at special examinations. A total of 11 cases required treatment; the remaining 25 cases were placed under observation as they were already receiving suitable care and attention.

Other nervous conditions found numbered 306 at periodic inspections and 70 at special inspections.

(1) *Miscellaneous*

At routine inspections 387 cases of other defect or disease were found, 279 of these needing treatment.

At special inspections 923 such cases were discovered, 706 being referred for treatment.

At special inspections 1,058 cases of visual defect were found, 603 requiring treatment. Of the 353 cases of squint found at periodic inspections 82 were in need of treatment, as were 124 of the 192 cases found at special examinations.

Children with disease of the eye other than squint numbered 219 at periodic inspections, 139 at special inspections.

During 1952 the Local Authority dealt with 1,918 cases of visual defect and eye disease, including squint, compared with 1,628 in 1951. Spectacles were prescribed for 638 pupils.

### **Vermin Infestation**

During the latter part of the year special attention was given to the problem of lice infestation of children's hair. As this vermin infestation is usually a family problem a greater emphasis was placed on the home follow-up of cases found at school inspections. These visits to the homes enable the school nurse to assess the mothers' difficulties and also give her an opportunity to encourage the mothers' efforts to eradicate the infestation in the whole family. Where the infestation was heavy or chronic or the mothers' eyesight poor, arrangements were made for all the members of the family to attend at a new cleansing station which was opened towards the end of October. This consisted of an annexe of the Disinfecting Station containing wash basins, special fluorescent lighting, hair driers, etc. A full-time attendant was appointed.

The usual method of treatment took the form of shampooing and combing followed by the application of D.D.T. emulsion. It is intended, however, in the light of further experience, to try out other methods of treatment.

In order to give the school nurse more time to concentrate on cleanliness inspections and home visits, the daily minor ailment sessions at the school clinics were closed promptly at 10.30 a.m., thus allowing the nurses extra time to visit schools and homes to deal with this troublesome problem of head infestation.

It is interesting to observe that home visits paid by the school nurse have increased from 96 in 1951 to 585 in 1952. Of these 585 visits, 474 were made during the latter six months of the year when the new arrangements for dealing with head infestation were adopted.

Although it is too early yet to note any marked decrease in head infestation there are signs that our efforts are producing good results.

### *Following Up*

The number of defects discovered by the nurses in the schools during 1952 was 9,182.

#### (a) Record of visits for 1952:—

1. Visits to schools .. ..	1,853
2. Visits to homes .. ..	585
3. Examinations .. ..	111,708

#### (b) Defects discovered:—

1. Infestation (head) .. ..	7,134
2. Uncleanliness (body) .. ..	250
3. Ringworm .. ..	2
4. Scabies .. ..	1
5. Impetigo .. ..	83
6. External eye disease .. ..	—
7. Defective vision .. ..	476
8. Squint .. ..	249
9. Running ears .. ..	150
10. Infectious diseases .. ..	13
11. Other conditions .. ..	700

### **Physiotherapy Report**

During the year 251 children attended the Central Clinic for remedial exercises and other treatment by our physiotherapist.

Number of attendances:—

Boys .. .. .	1,810
Girls .. .. .	1,795
Total .. .. .	<u>3,605</u>

It is gratifying that faulty posture was less common in grammar schools compared with previous years.

Classification of cases:—

Foot deformities .. .. .	144
Round shoulders .. .. .	61
Asthma .. .. .	22
Chest deformities .. .. .	12
Scoliosis .. .. .	9
After removal of adenoids .. .. .	1
Cerebral palsy .. .. .	1
Infantile paralysis .. .. .	1
Total .. .. .	<u>251</u>
Children discharged cured .. .. .	94
Children discharged improved .. .. .	43
Children who did not complete treatment	25
Children who left school .. .. .	10
Children referred to hospital treatment	5
Children who left the district .. .. .	3
Children carried forward to 1953 .. .. .	71
Total .. .. .	<u>251</u>

### Ultra-violet Ray Therapy

A large number of selected children were given exposures to ultra-violet rays emitted from a Centosal lamp in the Central Clinic. The details of this treatment are given in the following tables.

# CASES TREATED BY ARTIFICIAL SUNLIGHT, 1952

Defects	Number of Children	Average Number of Weeks	Mini- mum Number of Weeks	Maxi- mum Number of Weeks	Number of Exposures				Signs of Improvement				Results of Treatment				
					Minutes				Temper- ament	Energy	Sleep	Nutri- tion	Hæmo- globin	Condi- tion Cleared	Condi- tion Improved	No Change	
					1	2	3	4									
Anaemia ..	..	10	6.5	12.5	75	75	82	1239	14	61	36	46	72	46	25	3	—
Asthma ..	..	9.5	7	12	16	16	17	242	2	9	5	10	16	2	11	1	1
Anorexia ..	..	9.5	8.5	12	19	19	20	312	4	16	15	14	18	9	10	—	—
Bronchitis ..	..	10	7	11	28	30	32	439	6	22	14	19	27	10	16	—	—
Bronchial catarrh..	..	10	5	12	64	66	82	1060	6	40	29	37	60	28	35	2	—
Cervical adenitis ..	..	10	8.5	11.5	11	12	13	185	3	8	5	8	11	9	2	—	—
Nervous system ..	..	10	9.5	11	10	10	10	192	4	8	6	8	10	8	2	—	—
Debility ..	..	9.5	7.5	12	64	63	75	1034	14	46	30	44	62	44	16	2	—
Nasal catarrh ..	..	10	9	11	15	18	19	252	1	11	10	9	15	6	8	1	—
Rheumatism ..	..	9.5	9	10	4	4	5	62	3	4	2	—	4	1	2	1	—
Frequent colds ..	..	9.5	6.5	12.5	90	88	102	1439	23	75	48	66	89	59	28	3	—
Skin disease ..	..	9.5	6.5	12	27	30	32	418	4	14	11	15	22	19	6	1	—
Other defects ..	..	9.5	5	13.5	86	88	93	1392	14	56	35	51	78	38	42	3	—



CASES WHO RECEIVED ARTIFICIAL SUNLIGHT BUT FAILED TO COMPLETE COURSE

Defect	No. of Children	Mini- mum No. of Weeks	Maxi- mum No. of Weeks	Average Number No. of Weeks	Number of Exposures				Default- ed	Reason for Discontinuing Treatment					Serious Acci- dent
					Minutes					At request of Chest Clinic	Parent declined further treat- ment	Trans- ferred to Hospital	No-one to bring Child City		
					1	2	3	4							
Anaemia ..	3	2	3.5	3	3	3	3	5	3	—	—	—	—	—	—
Anorexia ..	4	2.5	4	3.5	4	6	6	11	4	—	—	—	—	—	—
Bronchitis ..	10	1.5	6	3.5	10	9	8	39	8	—	2	—	—	—	—
Bronchial Catarrh ..	5	3	6	4.5	5	5	5	32	4	—	—	—	—	—	1
Cervical Adenitis ..	1	—	—	4	1	2	1	4	—	—	1	—	—	—	—
Chorea ..	1	—	—	3.5	1	1	1	4	1	—	—	—	—	—	—
Debility ..	8	3	5	4	9	7	8	38	6	1	—	1	—	—	—
Nasal catarrh ..	6	2	6.5	4	6	6	5	27	5	—	—	—	1	—	—
Frequent colds ..	7	2.5	6.5	4	7	6	8	35	7	—	—	—	—	—	—
Skin disease..	2	3	5	4	2	2	2	10	2	—	—	—	—	—	—
Other defects ..	15	2	6.5	4	15	15	16	70	11	—	—	—	3	1	—

## Langley Residential School at Baildon

The opening and organisation of our newest special school for handicapped pupils was described last year. The Matron (Miss D. Suggett) resigned during December, 1952, to take up a similar position in Llandudno. Equipment was augmented by the purchase of a wheel chair for taking bed patients into the sunshine, weighing scales, a diagnostic set, a large refrigerator and a piano.

Nineteen cases were admitted during the year; seven direct from hospitals and 12 from their respective homes. The causes for admittance were:—

Rheumatism .. ..	12 cases, of whom 4 were later discharged.
Chorea .. ..	4 cases. All improved under sedation.
Asthma .. ..	2 cases. One improved quickly without further attacks. The other, complicated by eczema and psychological maladjustment, was chronic, and after five months he had to be discharged because of unruly conduct.
Recurrent bronchitis and pneumonia .. ..	1 case.

The health of the children in general showed a marked benefit, largely due to the smokeless, open-air environment. Two teachers attended daily and during warm sunny weather lessons were taken on the lawns.

Among other discharges was a girl, blue from birth because of patent ductus arteriosus. Following an operation by Mr. Davidson she returned home completely cured, as did three cases of stunted development who derived much benefit.

## Margaret McMillan School for Educationally Sub-normal Children

The school re-opened in January with 186 pupils. Thorngarth Hostel, which had been closed since Easter 1951, owing to lack of staff, re-opened on 4th May, 1952, when 16 pupils from unsatisfactory homes became resident.

The modified education was varied by many practical activities. At the opening of the Schools' Gardening Exhibition in September, one of the girls presented the Lord Mayor with a bunch of grapes grown in the school greenhouse. Teachers again fostered wider interests by organising concerts, parties and outings. Two trips to Bridlington were made possible by the generosity of the Fire Services.

Twenty-two left when 16 years old; of these 18 were able to work and four proved unemployable.

### **Lister Lane Special Day School for Physically Handicapped Pupils**

There were 160 children on the roll whose ages varied from three to 16 years. They were found unfit for ordinary schools because of various complaints, which included cerebral palsy, infantile paralysis, spina bifida, osteomyelitis, tuberculosis of bones and joints, amputations, haemophilia, heart diseases, chorea and asthma.

Fourteen pupils improved sufficiently for transfer to ordinary schools; four were able to leave at 15 years of age to enter employment and six left on becoming 16 years old.

The two orthopaedic surgeons made 27 visits and held 283 consultations; 15 children had operations which enabled them to walk better and lessened deformities; 42 X-ray examinations were made and five new artificial limbs were supplied. Continuous treatment was provided by the physiotherapists and nurse.

Children of school age who are permanently incontinent always present a serious problem. The offensive smell causes objections in classrooms and crowded ambulances, and, previously, these unfortunates had to be excluded for long periods. The difficulty has been largely overcome by:—

- (a) insisting that pupils leave their respective homes with clean underclothes and absorbent napkins, and
- (b) by appointing an attendant to deal solely with the ten spina bifida cases. She takes each one in turn, whether soiled or not, from the classes to the toilet every two hours. An adequate stock is kept of washing materials, clean knickers and dressings.

The curriculum corresponded to that of an ordinary school, and children are graded into six classes. Visiting teachers gave vocational instruction in commerce, cookery, domestic science and boot repairing. Out-of-school competitions and every encouragement were offered to enable these handicapped children to enjoy full, interesting lives.

### **Daisy Hill Partially Sighted School**

	Boys	Girls	Total
Children on roll, January 1952 .. ..	38	44	82
Children admitted since January 1952 ..	9	4	13
Children discharged since January 1952 ..	9	8	17
Children on roll, December 1952 .. ..	31	47	78

Mr. Benson, Ophthalmic Surgeon, visited monthly and supervised treatment for all the pupils. Electric lighting in the classrooms was improved.

Owing to the very small intake of scholars in the first ten months of 1952, the classes were somewhat smaller, thus making it possible for more individual work to be taken.

Good progress has been made in physical education. The playing fields in front of the school were put down to grass again in 1951 for the first time since the war and a netball pitch has been marked out. In swimming, several certificates have been obtained, whilst one boy left the school in July, having gained all the City of Bradford Certificates. Dancing round the maypole proved popular.

Much work has gone into the school garden and a profit was made from the sale of the produce. A sample basket of the produce was sent to the Exhibition and the seniors enjoyed the visit to Channing Hall.

The school was greatly privileged in having two visits from the Quintet of the Yorkshire Symphony Orchestra during the year, and on one occasion the senior classes went to an orchestral concert in the Mechanics' Institute. The senior classes, by dint of hard work, have made good progress in recorder playing.

A large sand pit, in the open air, has become popular with the infants.

Thanks to the generosity of the Fire Service, the entire school enjoyed a visit to Morecambe early in June.

During the year three children left the school to attend residential special blind schools at Shrewsbury, York and Boston Spa.

### **Odsal House School for the Deaf**

During the year the number on roll increased from 84 to 95, necessitating the opening of another class, and the provision of an additional teacher. The school then had six classes for the Grade III deaf children and four classes for the partially deaf. These two types of deaf children were educated in separate streams, intermingling only for physical training and handicraft lessons.

Many of the new admissions were very young, aged two to three years. These children have made a promising start in the nursery class and are already proving the value of making an early beginning at speech and lip reading.

The outstanding feature of the year was a determined attempt to improve chronic cases of otitis media and catarrhal deafness. Although a few stubborn cases still persist, there has been considerable improvement in every case, some cleared up completely. The campaign opened with careful bacteriological investigations of swabs from each discharging ear. Most of the organisms found were resistant to penicillin. Following a consultation with Mr. Otty, the Ear, Nose and Throat Specialist, a nurse was instructed to clean all ears by syringing and dry mopping, thereafter a gauze wick soaked in 10 per cent solution of chloramphenicol was put into each affected ear, and thereafter further drops added three hourly to maintain the concentration. This daily treatment continues and has contributed to the sustained improvement manifest in many cases.



There has been close co-operation between the school and the Royal Eye and Ear Hospital, which has greatly benefited the children. A weekly session for children from Odsal House School was held at the Royal Eye and Ear Hospital Hearing Aid Department. Every child in school was examined, and had very thorough hearing tests. Following these examinations, children in need of intensive daily treatment, of hospital or operative treatment, have been given prompt attention, and some very successful results were obtained.

Every child capable of deriving benefit from wearing an individual Medresco Hearing Aid has been issued with one. More than 75 children now use an aid and are greatly helped thereby. A special harness was designed and made at the school for the very small deaf children, so that even the two-year-olds manage their somewhat cumbersome apparatus with the minimum of discomfort.

The school continued to have many outside activities. Advantage was taken of the facilities available at Odsal House to encourage the children to take part in rounders, cricket and football matches with neighbouring schools.

Various excursions were made during the summer months. The seniors had a thrilling day at Ingleton Falls and in the White Scar Caverns. The junior school visited Belle Vue Zoo, whilst the babies had a most enjoyable picnic party on the lawn.

A school Youth Club was formed in November, which meets weekly after school to provide the deaf children with opportunities for hobbies, physical recreation and social activities, which they so often lack because of deafness.

The year brought many changes on the staff. Mr. Darby successfully took the N.C.T.D. in March and became a fully qualified teacher of the deaf. Mr. Wollman left to become Senior Assistant at the Birmingham School. Miss M. K. Tait left to take up a post as teacher in charge of the School for the Deaf in Bermuda. Miss Smart, from Manchester University, and Mr. Schofield, from Bradford, joined the staff in September.



### *Details of Mr. H. Morus Jones's weekly sessions at Hospital*

Number of children examined and tested (parents present to give history) .. .. .	88
Number of children who had hospital treatment:—	
Otitis media (intensive mopping, penicillin, etc.) ..	4 (In hospital for 10–20 days)
Tonsil and adenoid operations .. .. .	3
Sininitis (5 operations at intervals of a fortnight) ..	1
V.D. treatment .. .. .	1
Number of children who attended hospital daily for injections and local treatment for otitis media ..	3

In addition to our own Odsal pupils, various hospital patients were invited to attend the school for advice on use of hearing aids, lip-reading, pre-school training, etc. Of these patients, two under-five totally deaf children were admitted to Odsal House School.

### **Linton Residential Recovery School**

During the year 71 children were admitted and 116 discharged. Accommodation is now limited to 120 (60 boys and 60 girls), including 30 maladjusted children. The average number on roll was 56 boys and 45 girls. Of these, 19 boys and eight girls were in the maladjusted category and the remainder were delicate.

It was not difficult to replace boys, but girls were more difficult to admit, as they are more useful at home. To send a delicate girl away calls for hardening of the heart, more persuasion from the doctor and some disregard of the neighbours' opinions. National statistics suggest that Bradford has approximately a steady 500 boys and girls needing Linton for health reasons. Only maladjusteds whose environment is causing stress to them are referred by the Child Guidance Clinic to Linton.

Parents paid 4·3d. weekly for shoe repairs, haircuts and laundry. There was no other charge. The number of children on roll should remain steadier as, in the children's interests, permission to return home could be withheld under the 1944 Act. For the parents of delicate children who are sensible enough to take advantage of it, Linton is a definite boon.

At the medical inspection in September 1952, the following cases were in residence:—

Anaemia	..	..	..	10	
Anorexia	..	..	..	1	
Asthma ..	..	..	..	9	
Adenitis..	..	..	..	4	
Bronchitis	..	..	..	15	
Chorea ..	..	..	..	1	
Debility ..	..	..	..	10	
Heart condition	..	..	..	1	
Malnutrition	..	..	..	7	
Otorrhea	..	..	..	2	
Post-sanatorium	..	..	..	2	
Rheumatism ..	..	..	..	4	
Undersized ..	..	..	..	13	
Nervous condition	..	..	..	5	
Petit mal	..	..	..	1	

  

Age Range of Children				Boys	Girls
6 years	..	..	..	—	3
7 years	..	..	..	1	—
8 years	..	..	..	6	3
9 years	..	..	..	12	5
10 years	..	..	..	6	10
11 years	..	..	..	7	6
12 years	..	..	..	7	4
13 years	..	..	..	4	10
14 years	..	..	..	11	2
15 years	..	..	..	2	4

The children are now arranged for educational work in six classes; one tutorial class, two junior classes and three senior forms. As the school is a recognised special school each class must not exceed twenty pupils. The tutorial class is for the children especially dull, and in this school 15 very definitely are. The time-table is still a long morning, with three afternoons each week of work which can be taken outside. Activities, many of them educational, are taken on Monday afternoons, Friday afternoons, and evenings and week-ends. They include expeditions, walking, swimming, field games—often football and cricket, but not always—dancing (country and ballroom), dramatic work, indoor games, and various forms of handwork and craft. In effect the teaching staff take approximately 10 play centres each week. The following “clubs” function for seniors—Dramatic, Craft, Dancing, Embroidery, Field, Music. There is, of course, more outside work than in a normal school and much more social training. On Sundays there are church and chapel parties, a non-denominational service, and Mass taken by a priest from Skipton.

Children sleep in four dormitories, two for girls and two for boys (approximately 30 in each), according to age.

For remedial treatment of maladjusted cases we have a studied type of discipline and a system of "families" by which every member of staff (welfare, nursing and teaching) is in close contact with a small group for free conversation, confidences and troubles, birthday parties, and for that general sense of "belonging" to an adult which no child can do without until very late adolescence. It is his or her fundamental necessity and the best antidote to homesickness devised. An attempt is made to make children take up a natural attitude to adults—respectful and unrepressed. Conditions have to be free—it is home as well as school—to get a happy working atmosphere with careful consideration for the needs of others and respect for property and work. For children who are very maladjusted there is much to be done in the way of "release." Dr. Edelston has visited and Mrs. Brook, Educational Psychologist, has tested difficult cases and advised on these and on tutorial work. We had 21 enuretics; 10 have been cured, at least, temporarily, but no definite claims are made. Some who persisted after 12 weeks' treatment were returned to their homes. A special clinic would be necessary to retain them longer and much replacement of bedding would be necessary.

The staff consisted of nine teachers plus a visiting domestic science teacher and cobbling instructor. There were two nurses and one secretary. There were also seven welfare assistants to look after material needs such as clothing, repairs, laundry, washing, meals and dormitory work.

One welfare assistant is a man. A seamstress does his sewing and he acts as handyman in place of this, performing such duties as groundsman, supervisor of pets, etc.

On 1st April, 1952, a new manager was appointed to Linton by the National Camp Corporation. He has given very good service in every way; food has been supplied well cooked and presented more attractively.

Since becoming officially a special residential school, we have obtained single beds by the simple process of cutting down the old tiered ones.

## *Clinic Health Report*

Average number of cases confined to bed in the Sick Bay .. .. .	1
Average number of cases treated daily by nurse	40
Children transferred for operative treatment ..	3
X-ray examinations.. .. .	6
Petit mal .. .. .	1
Children taken to Bradford for refractions ..	4
Children taken to Bradford for teeth extractions	12
Asthma cases .. .. .	8
Number of enuretics treated in clinic .. ..	7

Medical inspections were carried out by Dr. Langley three times during the year. Routine dental inspection and treatment was carried out by Mr. Morrell twice this year. Dr. Wynn continued to visit regularly and to be available in any emergency.

There was no infectious disease.

With the exception of three children the asthma cases remained very well this year; attacks of dyspnoea were rare. The numbers relating to the clinic service were lower this year, due to the fact that before recognition on 1st April, 1952, only children whose parents could afford the outlay remained, and cases needing Linton most almost invariably could not afford to stay.

The clinic again showed its usual efficiency—the nurses not only carry out necessary treatments but indicate that they regard the general health and welfare of the community as being within their province—to the great general benefit of the community.

### **Lip Reading**

A group of moderately deaf children was selected by the Senior Medical Officer; by arrangements with parents and head teachers they were released from their respective ordinary schools each Monday in time to reach the Central Clinic at 4.0 p.m. for an hour's instruction by a teacher from the Deaf School. They were taught to overcome their hearing loss by watching closely the speaker's expression. The lip-reading lessons were graduated; they comprised analysis of English phonetics and synthetic practice with syllables, words, short phrases and longer sentences. Thus, responsive deaf children were helped to derive proper benefit at their own schools.

## Speech Therapy

During the year 72 cases of defective speech began treatment by Miss Ayrton and Mr. Brook; 40 were discharged. The number treated was 120 and their attendances totalled 2,045. The types in numerical order were:—

Dyslalics

Stammers

Reading difficulties coincidental with speech defects

Sigmatism

Delayed speech

Aphasia.

Though disorders of speech have been mentioned down the ages, a scientific approach to the problem was not made until recently. In 1928 Dr. J. M. Fletcher correctly defined stammering as "An intermittent inability to meet certain situations through spoken language"; he attributed this breakdown in expression to a fear of stammering and its associated unpleasantness. Good results are now being obtained by skilled relaxation, group therapy and parental guidance. Children are shown how they might acquire the greatest ease in speaking situations, they are even encouraged to stammer in an effortless way rather than add to their difficulties by "covering up" or "avoiding speaking."

Towards the end of treatment they are accompanied on expeditions to gain further confidence by talking to the various people they meet in shops and enquiry bureaux.

Previously there was a tendency to leave the stammerer alone in the hope that he would grow out of it. It is pleasing to note that now medical practitioners, infant welfare personnel and teachers are referring early cases to the professional speech therapist. A stammer is usually first noticeable at the age of two to four years. If such children are referred without delay a few interviews with the parents are usually sufficient for correction.



## Child Guidance Clinic

The Clinic has been fully staffed throughout the year and has been able to cope effectually with the demands on its service.

### SUMMARY OF CASES REFERRED AND EXAMINED

From	Referred		Examined		Withdrawn		Cases awaiting diagnostic and treatment from
	1951	1952	1951	1952	1951	1952	1952
Head and class teachers..	43	31	28	18	9	10	3
Parents and friends ..	26	21	20	11	4	9	1
School medical officers ..	33	34	26	23	4	6	5
Private doctors ..	18	18	16	15	1	1	2
Juvenile Court and proba- tion officers ..	16	11	14	11	1	—	—
Education Department ..	12	6	12	6	—	—	—
Children's Officer ..	8	4	8	3	1	1	—
N.S.P.C.C. ..	4	—	3	—	1	—	—
Maternity and Child Welfare Department ..	—	2	—	2	—	—	—
Speech therapist ..	3	3	3	2	—	1	—
Hospitals ..	4	1	4	1	—	—	—
Mental Health Services ..	1	—	1	—	—	—	—
Psychologist ..	6	7	4	7	—	—	—
Attendance officers ..	—	—	—	—	—	—	—
Police Department ..	—	—	—	—	—	—	—
Council of Social Service..	1	—	—	—	—	—	—
Marriage Guidance Council	1	1	—	1	1	—	—
Special Schools ..	1	4	1	4	—	—	—
Grammar Schools..	—	6	—	6	—	—	—
Moorland House School ..	—	1	—	1	—	—	—
Psychiatrist ..	—	4	—	4	—	—	—
Youth Employment Bureau ..	—	1	—	1	—	—	—
Totals ..	177	155	140	116	22	28	11

### CLASSIFICATION OF CASES ACCORDING TO PRESENTING SYMPTOM

	1951	1952
Retardation ..	23	10
Nervous disorders ..	13	3
Aggressive and difficult behaviour ..	32	20
Stealing ..	42	20
Anti-social evasive behaviour ..	14	12
Habit disorders..	16	2
Fears and anxieties ..	16	20
School failure ..	2	6
Educational advice ..	3	2
Psycho-somatic..	3	3
Organic ..	2	—
Sexual difficulties ..	4	2
Speech defect ..	5	2
Miscellaneous ..	2	2
Enuresis..	—	12
Soiling ..	—	4
Personality change ..	—	1
Uneventuated ..	—	29
Epilepsy..	—	2
Remedial teaching ..	—	3
	177	155



Priority in the lengthy waiting list of new cases was given to Court referrals and others in urgent need of help. The largest groups have been anxieties, stealing and aggressive and difficult behaviour. This shows that the Child Guidance Clinic is being used correctly. There were several neurotic adolescents requiring lengthy analytic therapy.

Juvenile delinquency is still to the forefront; a few of the children referred by the Court, e.g., compulsive neurotic stealers, have been found suitable for psychiatric treatment, but for the majority it has been a matter of diagnosis and advice on disposal. In this connection the staff visited Aycliffe Classifying School to exchange views, and established a very useful contact with Mr. Gittins, the headmaster. The Probation Play Group has been continued successfully with a few selected boys, but it is not proposed that its scope should be enlarged.

A close contact by frequent visits has also been maintained with Linton Special Residential School. Most of the children sent to Linton from the Clinic have an unsatisfactory home background and need treatment in a more stable environment. Sometimes difficulties arise on their return to the greater freedom of their own homes but, on the whole, they make a reasonably good adjustment.

There has been the usual steady flow of students during the year. Two University Social Science students and two students taking the Primary Diploma in Education did part of their practical training at the Clinic. In addition, there have been single visits from district nurses, health visitors, head teachers, doctors taking their Public Health Diploma Course, and probation officer trainees. Lectures have also been given by the Educational Psychologist to student health visitors and student physiotherapists.

The Educational Psychologist emphasises the need for more facilities for backward children. She is very concerned about the closing of some of the too few tutorial classes, as the demand for places always exceeds the supply. Some children have been referred by head teachers to the Clinic for difficult behaviour, which is merely the outcome of premature transfer back into the normal stream. As a basis for a long term policy she would again suggest a centrally situated school for remedial teaching.

## Dental Report, 1952

H. V. MORRELL, L.D.S., R.F.P.S. (GLAS.), *School Dental Surgeon*

During the year under review 10,492 children in the routine age groups attending the schools in the City were dentally inspected; a further 8,582 children were inspected at the Central Clinic prior to receiving emergency treatment, thus making a total of 19,074 children inspected by the dental officers.

Due to the shortage of dental staff the interval between inspections of the children in any school is so great as to nullify some of the preventive treatment carried out, and the great demand for emergency treatment has also caused the interval between the inspections to lengthen. This year we have been two dental surgeons under establishment, but with the appointment of an assistant dental officer in March it has once again been possible to arrange inspections in some of the girls' grammar schools.

Turning to treatment, it will be seen that 8,474 children actually received treatment at the Clinic and made 11,108 attendances for this purpose.

A brief summary of the work shows that 881 fillings were completed, 3,800 permanent teeth extracted and 12,346 temporary teeth extracted. Other operations, which number 644, include a variety of conditions: scaling and cleaning, treatment of gum conditions, silver nitrate treatment and dressings to control haemorrhage. An anaesthetic is always used for the extraction of teeth and most of the extractions were carried out under general anaesthesia; nitrous oxide being administered in 8,452 cases. The remaining extractions were completed under local anaesthetic.

The number of children requiring orthodontic treatment (straightening of the teeth) continues to grow; the school dental officers treat selected cases, the most common being the misplaced upper canine teeth. These cases are generally corrected by the judicious extraction of the first upper premolar. Another quite common irregularity is the upper central incisors biting inside the lower incisors, due, often, to the temporary incisors being retained too long. The removal of the offending teeth and the fitting of a simple appliance soon corrects this fault.

The services of the Maternity and Child Welfare Dental Officer in making, fitting and adjusting these appliances, and his treatment in difficult root cases and accidental fractures of front teeth will always be appreciated.

Orthodontic cases outside the scope of this Service are referred to the local specialist.

X-ray examinations have again been carried out at St. Luke's Hospital; the speed and efficiency with which the results have been communicated to us have been a source of satisfaction.

The casual or emergency cases (8,582) are those patients presenting themselves at the Clinic, without appointments, for the urgent relief of toothache. This number varies daily. The parents understand the difficulties and appreciate the efforts of the school dental surgeons, who are treating large numbers at each session.

The mouth is the gateway to the stomach and has the very important function of preparing the food for digestion by the two processes (a) chewing or mastication, and (b) mixing the saliva with the food. It is to be expected, therefore, that the condition of the whole system and, consequently, the health of the whole body, depends to an appreciable extent upon the state of the mouth and jaws as regards their shape, the strength and vitality of their tissues and their proper use. Universal experience shows that this is true, and an unhealthy mouth has, sooner or later, an injurious effect upon the general health. The mouth is easily reached; much can be done to promote its healthy development and keep it in good condition.

The present outlook for the School Dental Service is gloomy. It must be realised that the service, built up over the last forty years, is of the utmost importance to the health of our children. We in Bradford have been more fortunate than most places in retaining the services of three dental officers, and have thus been able to keep the clinic open every day for emergency treatment and the relief of pain.

The influence of the head teachers and staffs in the schools in securing the regular attendance of the children at the clinic is of much value to the service.

# Medical Inspection Returns

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

## A. Periodic Medical Inspections

Number of inspections in the prescribed groups:-

Entrants	..	..	..	..	4,484
Second age group	..	..	..	..	3,423
Third age group	..	..	..	..	2,044
Total					9,951
Number of other periodic inspections					7,476
Grand total					17,427

## B. Other Inspections.

Number of special inspections	..	..	..	4,810
Number of re-inspections	..	..	..	1,991
Total				6,801

## C. Pupils found to Require Treatment.

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

Group				For defective vision (excluding squint)	For any of the other conditions recorded in Table II.A.	Total individual pupils
Entrants	..	..	..	26	1,156	1,173
Second age group	..	..	..	234	650	829
Third age group	..	..	..	200	371	527
Total (prescribed groups)				460	2,177	2,529
Other periodic inspections				500	1,188	1,588
Grand total				960	3,365	4,117

TABLE II.

## A. Return of Defects found by Medical Inspections during the Year.

Defect Code No.	Defect or disease	Periodic Inspections No. of defects		Special Inspections No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
4.	Skin .. ..	492	383	431	51
5.	Eyes—(a) Vision ..	960	1,435	603	455
	(b) Squint ..	82	271	124	68
	(c) Other ..	153	66	117	22
6.	Ears—(a) Hearing ..	70	47	36	30
	(b) Otitis media ..	23	45	13	1
	(c) Other ..	33	43	97	7
7.	Nose and throat ..	852	1,291	267	74
8.	Speech .. ..	43	64	38	10
9.	Cervical glands ..	29	207	31	11
10.	Heart and circulation ..	285	323	78	41
11.	Lungs .. ..	160	282	164	53
12.	Developmental				
	(a) Hernia .. ..	3	13	1	—
	(b) Other .. ..	40	44	2	3
13.	Orthopaedic				
	(a) Posture .. ..	410	106	35	24
	(b) Flat-foot .. ..	421	181	43	25
	(c) Other .. ..	217	510	52	37
14.	Nervous system				
	(a) Epilepsy .. ..	6	22	5	3
	(b) Other .. ..	187	119	70	—
15.	Psychological				
	(a) Development ..	10	54	52	94
	(b) Stability .. ..	19	45	26	—
16.	Other .. ..	279	108	706	217

## B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age groups	Number of pupils Inspected	A. (good)		B. (fair)		C. (poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Cl. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	4,484	1,809	40.4	2,042	68.9	33	0.7
Second age group ..	3,423	1,612	47.1	1,800	52.6	11	0.3
Third age group ..	2,044	1,023	50.0	1,015	49.7	6	0.3
Other periodic inspections	7,476	4,869	65.1	2,595	34.7	12	0.2
Total ..	17,427	9,313	53.4	8,052	46.2	62	0.4



TABLE III.

## Infestation with Vermin.

i.	Total number of examinations in the schools by the school nurses or other authorised persons .. .. .	111,708
ii.	Total number of individual pupils found to be infested..	4,207
iii.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
iv.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—

TABLE IV.

## Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Group I.—*Diseases of the Skin (excluding uncleanness, for which see Table III).*

						Number of cases treated or under treatment during the year	
						By the Authority	Otherwise
Ringworm—	(i)	Scalp	..	..	..	—	—
	(ii)	Body	..	..	..	1	—
Scabies	..	..	..	..	..	4	—
Impetigo	..	..	..	..	..	95	—
Other skin diseases	..	..	..	..	..	915	—
Total						1,015	—

Group II.—*Eye Diseases, Defective Vision and Squint*

						Number of cases dealt with	
						By the Authority	Otherwise
External and other (excluding errors of refraction and squint)	..	..	..	..	..	521	11
Errors of refraction (including squint)	..	..	..	..	..	1,397*	355
Total						1,918	366
Number of pupils for whom spectacles were:—							
(a)	Prescribed	..	..	..	..	638*	142
(b)	Obtained	..	..	..	..	499*	117

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.



Group III.—*Diseases and Defects of Ear, Nose and Throat.*

			Number of cases treated	
			By the Authority	Otherwise
Received operative treatment:—				
(a)	for diseases of the ear	.. ..	—	68
(b)	for adenoids and chronic tonsilitis	.. ..	—	1,205
(c)	for other nose and throat conditions	.. ..	—	108
Received other forms of treatment			733	—
Total			733	1,381

Group IV.—*Orthopaedic and Postural Defects*

(a)	Number treated as in-patients in hospitals	15		
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	By the Authority 102	Otherwise —	

Group V.—*Child Guidance Treatment*

			Number of cases treated	
			In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics			116	—

Group VI.—*Speech Therapy*

			Number of cases treated	
			By the Authority	Otherwise
Number of pupils treated by speech therapists			131	—

Group VII.—*Other Treatment given*

			Number of cases treated	
			By the Authority	Otherwise
(a)	Miscellaneous minor ailments	.. ..	2,599	—
(b)	Other:—			
1.	Other defects and diseases	.. ..	271	—
2.	Chiropody	.. ..	189	—
Total			3,059	—

TABLE V.

## Dental Inspection and Treatment carried out by the Authority

1. Number of pupils inspected by the Authority's dental officers:-						
(a) Periodic	..	..	..	..	..	10,492
(b) Specials	..	..	..	..	..	8,582
Total						19,074
2. Number found to require treatment .. .. 15,445						
3. Number referred for treatment .. .. 15,445						
4. Number actually treated .. .. 8,474						
5. Attendances made by pupils for treatment .. 11,108						
6. Half-days devoted to:- Inspection .. .. 103						
Treatment .. .. 1,153						
Total						1,256
7. Fillings:- Permanent teeth .. .. 870						
Temporary teeth .. .. 11						
Total						881
8. Number of Teeth filled:- Permanent teeth .. 870						
Temporary teeth .. 11						
Total						881
9. Extractions:- Permanent teeth .. .. 3,800						
Temporary teeth .. .. 12,346						
Total						16,146
10. Administration of general anaesthetics for ex- traction .. .. 8,452						
11. Other operations:- Permanent teeth .. .. 572						
Temporary teeth .. .. 72						
Total						644



# **Inspection and Supervision of Food and Food Premises**

FOOD PREMISES

MILK SUPPLY

ICE CREAM

FOOD AND DRUGS

PHARMACY AND POISONS

FERTILISERS AND FEEDING STUFFS

MEAT INSPECTION

OTHER FOODS



## **Inspection and Supervision of Food and Food Premises**

F. H. MYERS, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops Act, 1950, and at the same time enforce the cleanliness provisions of Section 13 of the Food and Drugs Act, 1938, thus saving duplication of visiting.

### **Food Premises**

During 1952 inspections of premises where food is handled, stored or sold numbered 4,406, and in this work considerable knowledge of the practices of the different trades must be exercised. The main emphasis of the visits was laid upon hygiene, and every endeavour was made to impress upon both managements and employees the care that must be taken in handling food.

In addition to personal hygiene, premises were checked concerning provision of washing facilities, state of repair, cleanliness of walls and ceilings, cleanliness of clothing and utensils, ventilation and the several provisions of the byelaws which cover the handling and wrapping of food.

In general, considerable improvement was observed since the introduction of the new byelaws last year, although in a number of cases it was necessary to give both verbal and written warning concerning breaches of the byelaws. Many shopkeepers co-operated by displaying notices requesting that dogs be left outside food premises.



When requests for glass cabinets for counter displays of confectionery, biscuits, etc., were made, some traders expressed concern that sales may be retarded, but the public is becoming more and more clean food conscious, and such fears have proved unfounded.

Regular visits have been made both to the covered and open air markets, and much progress has been made in providing glass cabinets or screens for foodstuffs.

Fishmongers have been encouraged to display only the minimum amount of fish necessary to attract customers, and to keep the bulk of their stocks in refrigerators or ice boxes. Improvements in the construction of fish boxes, many of which are now lined with aluminium, facilitate cleansing and sterilisation when they are emptied, and inspections have been made to ensure that the terms of the byelaws concerned with the cleansing of such boxes have been observed.

Many food shops in Bradford act as receiving stations for laundries, and regular visits have been paid to such premises to ensure that the special provisions of the food handling byelaws are observed in this matter. Special containers have been provided and fixed in such a way that the food handlers do not need to touch the laundry.

Inspection of vans carrying foodstuffs has been regularly carried out, and no evidence of animals in such vans has been found. With minor exceptions the vans have been found to be in a satisfactory condition, and in cases where conditions were unsatisfactory reports were made to the head office of the firm concerned forthwith. Much bread is now sold wrapped, and the practice of dispatching confectionery in boxes with cellophane windows is increasing amongst wholesale confectioners.

In making 539 visits to cafes, restaurants and snack bars 51 contraventions were observed and brought to the notice of the proprietors, but on follow-up visits almost all had been remedied. The smaller cafes generally rely on one sink for washing up, and more knowledge about detergents and sterilizing agents is required amongst those who run them. Such information has been given at the time of the visits.

There are now 330 industrial canteens on the register, but owing to the recession in trade during 1952 the number of meals provided declined somewhat. Several of the smaller canteens ceased to provide meals, but sold tea, and some prepared food supplied by employees.

The school meals service again increased during the year, and, including the grammar schools, the enormous number of 3,186,963 meals was provided. This necessitated a staff of 18 males and 193 females, with help from 370 part-time female assistants. Steady progress was noted in the provision of improved washing facilities for crockery and utensils. 1166 visits were made to school kitchens and dining rooms.

The nine day nurseries under the control of this Department were visited on several occasions. Unlike the nursery schools, which receive meals prepared in the central kitchens, these nurseries provide meals prepared on the premises, but here again conditions were found to be quite satisfactory.

Several visits were also paid to the four industrial nurseries in the City. Again the hygienic handling of food was observed to be maintained at a high standard.

### Milk Supply

The total amount of milk consumed daily in the City was about 25,000 gallons. This total consisted of approximately 5,000 gallons of raw farm milk and 20,000 gallons of processed milk. Regular sampling of these supplies has been carried out during the year for chemical analysis, bacteriological examination and biological testing. No outbreaks of milk-borne disease occurred during the year.

#### *Milk and Dairies Regulations, 1949*

There were, at the end of the year, 1,009 persons registered for the sale of milk within the City. These may be classified as follows:—

Dairymen	..	..	..	166
Shops where milk sold in sealed bottles only	..	..	..	843

In addition to the above there were 135 producer retailers engaged in the sale of milk within the City.

The number of visits made was 739 and, generally, conditions were found satisfactory.

### *Milk Special Designations*

Licences authorising the use of special designations in relation to milk were issued as follows:—

#### MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949

Dealer's Licence authorising the use of the special designation "Tuberculin Tested" .. ..	178
Dealer's Licence authorising the use of the special designation "Accredited" .. ..	2
Supplementary Licence authorising the use of the special designation "Tuberculin Tested" ..	20

#### Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised" ..	6
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised" .. ..	1
Dealer's Licence authorising the use of the special designation "Pasteurised" .. ..	160
Dealer's Licence authorising the use of the special designation "Sterilised" .. ..	921
Supplementary Licence authorising the use of the special designation "Pasteurised" .. ..	21
Supplementary Licence authorising the use of the special designation "Sterilised" .. ..	5

### *Milk Processing*

There were during the year seven dairies engaged in the heat treatment of milk, six by the pasteurisation and one by the sterilisation process. It is estimated that a total of 26,500 gallons of milk was treated in the City daily.

### *Tuberculosis in Milk*

The examination of milk for infection with the tubercle bacillus has proceeded throughout the year, particular attention again being paid to the local farms. A comparison of the results for the year under review with the previous two years indicates a marked improvement. This is more clearly shown by the fact that in 1950 11·7 per cent of the farms

within the City boundary were found to have milk infected, whereas in 1952 this figure had been reduced to 5·4 per cent. Whilst this improvement gives cause for some measure of satisfaction, it is considered that the present figure is still much too high, and every endeavour must be made to reduce it.

There were 227 dairy farms engaged in the production of milk in Bradford, and in addition milk from 58 farms outside the City boundary was sold here. A total of 707 samples from these milks was examined biologically at the Public Health Laboratory during the year. Of these samples, 13 were found to contain tubercle bacilli.

As a result of investigations arising from these reports it is known that 13 tuberculous cows have been slaughtered. In four cases, where the infected cows could not immediately be ascertained, notices were served on the farmer requiring all milk produced at the farm to be adequately pasteurised before sale. It is estimated that a total of 5,889 gallons of infected milk was made safe for consumption in this manner.

The following table shows the incidence of tuberculosis found in the different grades of milk during the past five years:—

Tuberculin Tested Herds—	1948	1949	1950	1951	1952
Samples taken .. ..	38	89	169	227	240
B. tuberculosis found ..	—	—	—	1	1
Accredited Herds—					
Samples taken .. ..	148	177	233	220	200
B. tuberculosis found ..	5	4	14	13	7
Ordinary Herds—					
Samples taken .. ..	149	159	278	268	267
B. tuberculosis found ..	7	4	17	13	5
Totals—					
Samples taken .. ..	335	425	680	715	707
B. tuberculosis found ..	12	8	31	27	13

### *Extraneous Matter in Milk*

On one occasion during the year a producer retailer was found to be selling bottled milk which contained extraneous matter, a later analysis of which indicated the presence of dung. As a result of the inspection of the milk on his vehicle, 48 one pint bottles of milk were seized as unsound and dealt with under the Food & Drugs Act, 1938.

Subsequent legal proceedings against the producer under the 1938 Act resulted in a fine of £10.

### *Chemical Examination of Milk*

Eight hundred and fifty-seven samples were analysed. The results show that 21 of the samples gave an analysis under 3·0 per cent of fat and 668 over 3·5 per cent of fat, while 196 of these samples gave an analysis under 8·5 per cent of non-fatty solids. The total below both 3·0 per cent of fat and 8·5 per cent of non-fatty solids was 13. In most cases the adulterations were small and warnings were issued. Legal proceedings were instituted in one case but the summons was dismissed on a legal technicality.

Table 1 gives comparative figures for the milks examined during the period 1931 to the present year.



Table 1

## CHEMICAL ANALYSIS OF MILK

## FAT

## SOLIDS NOT FAT

YEAR	Under 3.0%				3.0% to 3.5%				Over 3.5%				Under 8.5%				8.5% and over				Total
	No.		Per cent		No.		Per cent		No.		Per cent		No.		Per cent		No.		Per cent		
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent			
1952	..	..	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1	857							857	
1951	..	..	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2	727							727	
1950	..	..	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1	737							737	
1949	..	..	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6	469							469	
1948	..	..	8	1.4	235	41.7	320	56.9	131	23.3	432	76.7	563							563	
1947	..	..	6	1.0	248	41.1	349	57.9	157	26.0	446	74.0	603							603	
1946	..	..	11	1.9	221	38.8	337	59.3	111	19.5	458	80.5	569							569	
1945	..	..	24	3.4	346	48.3	347	48.3	119	16.6	598	83.4	717							717	
1944	..	..	23	3.0	247	32.1	489	64.9	54	7.0	705	93.0	759							759	
1943	..	..	21	3.2	220	33.0	417	63.8	88	13.2	570	86.8	658							658	
1942	..	..	18	2.7	181	27.2	460	70.1	92	13.8	567	86.2	659							659	
1941	..	..	10	1.5	171	25.6	486	72.9	59	8.9	608	91.1	667							667	
1940	..	..	13	1.9	213	31.9	452	66.2	27	4.0	651	96.0	678							678	
1939	..	..	15	2.1	237	33.2	476	64.7	7	0.9	721	99.1	728							728	
1938	..	..	27	4.2	268	41.4	352	54.4	21	3.3	626	96.7	647							647	
1937	..	..	29	3.4	343	39.8	489	56.8	10	1.2	851	98.8	861							861	
1936	..	..	15	2.8	213	39.6	310	57.6	1	0.2	537	99.8	538							538	
1935	..	..	21	2.3	276	30.7	602	67.0	1	0.1	898	99.9	899							899	
1934	..	..	33	3.5	348	37.3	552	59.2	9	1.0	924	99.0	933							933	
1933	..	..	38	4.0	413	44.0	489	52.0	8	0.9	932	99.1	940							940	
1932	..	..	47	5.0	353	37.7	537	57.3	10	1.0	927	99.0	937							937	
1931	..	..	25	2.0	379	36.4	637	61.6	15	1.5	1026	98.5	1041							1041	



*Examination of Raw Milk*

Samples of raw milks were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture and Fisheries with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

Samples Taken	Methylene Blue Reductase Test	
	Pass	Fail
711	657	54

*Examination of Heat-treated Milk*

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports on which were generally satisfactory, as shown in the following table:—

Class of Milk	Number of Samples	Phosphatase Test		Methylene Blue Reductase Test		Turbidity Test	
		Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested							
Pasteurised ..	240	240	—	231*	1	—	—
Pasteurised ..	464	464	—	446*	1	—	—
Sterilised ..	65	—	—	—	—	65	—

\* 8 tests for Tuberculin Tested Pasteurised and 17 tests for Pasteurised milk reported void.

**Ice Cream**

During recent years ice cream has changed from being a seasonal delicacy to a regular article of diet throughout the year. In consequence much attention has been paid to the conditions under which it is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made, and there have been considerable building alterations and new plant purchased as a result of recommendations made to comply with the requirements of the Ice Cream (Heat Treatment) Regulations, 1947. New machinery included heaters, coolers, freezers and refrigerator storage units, fitted with indicating and recording thermometers as necessary. Formerly, at some premises, the

methods of cooling the ice cream mix during manufacture were unsatisfactory, but the installation of refrigerated coolers obviated these difficulties. During the year there has been a decline in the number of ice cream manufacturers within the City.

Steps were taken to prevent the contamination of ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

*Bacteriological Examination*

Two hundred and seventy-two samples were submitted for examination during the year and they were graded as follows:—

Provisional Grade				No. of Samples
Grade I	..	..	..	156
Grade II	..	..	..	35
Grade III	..	..	..	11
Grade IV	..	..	..	10
				<hr/> 212 <hr/>

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which call for further investigation.

*Chemical Examination*

From the 1st March, 1951, ice cream became subject to a legal standard under the Food Standards (Ice Cream) Order, 1951. The standard specified was that ice cream should contain not less than 5 per cent fat, 10 per cent sugar and 7½ per cent milk solids other than fat.

In July 1952, however, this standard was reduced as a result of the shortage of milk powder and fats for allocation to ice cream manufacturers.

From 7th July, 1952, therefore, under the provisions of the Food Standards (Ice Cream) (Amendment) Order, 1952, the standards were amended to read: 4 per cent fat, 10 per cent sugar and 5 per cent milk solids other than fat.

Twenty-seven samples were submitted to the Public Analyst and all were reported to be satisfactory.

The average figures reported from analysis of these samples were:—

Fat 9.32 per cent, sugar 11.64 per cent, milk solids other than fat 10.64 per cent.

### **Food and Drugs**

The number of samples of food and drugs taken under the Act and submitted by the sampling officer to the Public Analyst for analysis was 1,219; of these 1,176 were certified as genuine and 43 adulterated or doubtful. (The latter includes 26 adulterated milks reported in the milk section.)

In the majority of cases the adulterations were small and the vendors were cautioned.

A table showing the number of samples procured and examined during 1952 will be found in the Appendix.

Continued vigilance has been exercised on premises throughout the City to ensure the enforcement of the Merchandise Marks Act, 1926.

### **Pharmacy and Poisons Act, 1933**

The Act places duties on this Authority in relation to the control over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitrobenzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The number of applications for entry on the list of the Local Authority under the above Act was 648. The following table sets out the number of persons entered according to the respective trades. Each of the premises was inspected when applications were received as follows:—

Number	Horti- culture	Hardware Dealers	Herbalists	Hair- dressers	Grocers and General
648	10	73	6	9	550

### **Fertilisers and Feeding Stuffs Act, 1926**

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

### **Meat Inspection**

The general working of the abattoir has been carried out in a satisfactory manner. Various works have been carried out to bring the buildings and equipment up to the standards required in modern abattoir practice.

A new condemned meat room has been constructed, and after initial drainage difficulties were overcome, this has proved to be a great improvement.

Special metal moveable containers have now been installed at various points in the abattoir for holding condemned meat and offals until such time as they are taken to the condemned meat room. This provision has largely eliminated the handling of the diseased meat.

The comprehensive scheme proposed by the Markets and Fairs Committee for the installation of satisfactory lairage and stunning pens is now in the course of construction and part will, in fact, be in operation in July 1953.

The pig slaughter-hall has been reconditioned during the year. Raised concrete killing pens have been constructed and new scalding tanks have been installed. This slaughter-hall is now satisfactory except for the artificial lighting.

A small laboratory has now been set up at the Abattoir. The equipment consists of a microscope, staining material, slides, etc., and a centrifuge. This laboratory has proved to be of great value to the meat inspectors.

Again large numbers of cattle, sheep and pigs were slaughtered and dressed in Bradford for consumption in the London area. The meat was carried from Bradford to London by British Railways in special refrigerator waggons. In all cases these waggons were inspected at Forster Square Station before the loading of meat commenced.

During the severe outbreaks of Foot and Mouth Disease, a mobile team of slaughtermen from Bradford was placed at the disposal of the Ministry of Agriculture and Fisheries. Many animals were killed, but no contacts were received at this abattoir.

One case of Anthrax was discovered on a farm during 1952. The carcase was destroyed by burning and the premises and land were thoroughly disinfected.

Approximately 1,000 pigs were killed under the Swine Fever Order, 1938, 8 of which were found to be affected with the disease. In all cases the caecums and kidneys of the affected pigs were dispatched to the Ministry of Agriculture and Fisheries laboratory for examination. The carcasses of the contacts which were found to be sound were distributed to the manufacturing premises and shops in the City.

Fifteen cows were slaughtered at the abattoir under the Tuberculosis Order, 1938, and many more cows suffering from tuberculosis with emaciation were sent to the Knackers Yard for slaughter. In most cases the infected cows were traced from tuberculous milk samples.

During the year a large number of specimens were collected for demonstration purposes. These were preserved in jars and will be added to the exhibition in the lecture room at the abattoir.



There are now three abattoirs in operation in the City. The Public Abattoir is used for all ration and manufacturing meats. The City of Bradford Co-operative Society's slaughterhouse is attached to their bacon curing unit, and supplies their curing requirements only. The third, a small private slaughterhouse, is licensed by the Ministry of Food for the slaughter of "Cottager" pigs only, that is to say that the meat from these pigs is for the consumption of the owner only, and cannot be exposed for sale. All the animals slaughtered in the abattoirs were examined for fitness for food before being released.

There are 421 butchers' shops situate within the City, 35 of which are exclusively pork butchers and four are manufacturers; 406 of these premises are in excellent condition and a high standard of cleanliness is maintained. These premises are classified "A"; 15 shops classified "B" require some further improvement or replacement.

Regular inspections of butchers' shops, railway meat waggon and meat transport vehicles were carried out throughout the year, the total number of visits being 2,061.

### **Other Foods**

Supplies of fish, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale fish warehouses and retail shops. Most of the fish, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the City for the condemnation of foods such as bacon, fats and tinned foods was 1,094.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs. Details regarding foods condemned will be found in the Appendix.





## **Environmental Hygiene**

DISTRICT INSPECTION

COMMON LODGING HOUSES

HYGIENE in

    FACTORIES

    WORKPLACES

OUTWORKERS

RAG FLOCK AND OTHER FILLING MATERIALS

SHOPS ACT

RODENT CONTROL

SMOKE ABATEMENT

MEASUREMENT OF ATMOSPHERIC  
    POLLUTION

HOUSING

BRADFORD CORPORATION ACT 1949

DISINFECTION AND DISINFESTATION

WATER SUPPLY



**Environmental Hygiene**

F. H. MYERS, M.R.S.I., M.S.I.A., *Chief Sanitary Inspector*

Unfortunately, although the schemes previously reported for the provision of piped water to the outlying farms and cottages and for the conversion of the remaining waste water closets have not come to fruition during the year under review, there are now signs that they may soon be progressing.

The fact that no major step of this type can be reported should not obscure the great volume of routine work which fills every working day, and which, whilst rarely in the public eye, does so much to maintain and advance the purpose of the Health Department. The improvement of the environment, by enforcing repairs, by improving cleanliness and by supervising working conditions, has been continuously pressed forward, and such steps must never be relaxed.

The way in which different sections of the inspectorate have done this is shown in the following pages.

**District Inspection**

The City has for a long time been divided into districts for administrative purposes, and these are now grouped under the two Divisional Sanitary Inspectors appointed last year. Their work includes all the routine duties devolving upon sanitary inspectors, ranging from inspections for the suppression of nuisances to visits in connection with some infectious diseases, and including the systematic sampling of water supplies, the inspection of drainage works, common lodging houses, cinemas, graveyards, offensive trade premises and piggeries.

Other duties, such as those laid on the Council by the Factories Act and the Shops' Act, are carried out by specialised inspectors who cover the whole of the City in regard to their own subjects.

It is interesting to record that during the year new byelaws came into force concerning the keeping of animals, in which one notable requirement is that no pig shall be kept within one hundred feet of a dwelling. Swill boiling and the cleansing of swill containers are also covered by these byelaws, and it is hoped that many of the nuisances which are associated with pig-keeping in an urban area will be eliminated by application of these powers.

The district sanitary inspectors made 40,755 inspections and follow-up visits in connection with the investigation and suppression of nuisances. The total number of nuisances reported was 4,560. The statement in the Appendix shows the nature and the amount of work carried out by the district inspectors during the year. Much of the work of these inspectors results from complaints received in the Department and on the districts, and nuisances are ascertained from these sources. There were 4,912 such complaints as against 4,741 in the previous year. Much valuable work was carried out by persuasion, but it was necessary to serve 3,164 statutory notices regarding the abatement of nuisances as compared with 3,170 in the previous year.

It is, perhaps, too much to expect that such a number of nuisances would be abated without difficulty, and in 18 cases it was necessary to institute proceedings in the City Court. All these proceedings were successful, and in the majority of instances fines were imposed. In four cases work was completed following service of the summons and before the hearing took place, proving the value of taking this firm line of action.

It will be observed from the statistics that a considerable number of the notices served by the Department have been executed in default, and this power is a considerable lever when requesting work prior to serving statutory notices.

The district inspectors supervised 82 exhumations during the year and they were carried out satisfactorily and without nuisance.

Good use has been made during the year of the new section in the Bradford Corporation Act, 1949, which gives power to require the cleansing of choked drains within 24 hours, and power to execute such notices in default.

### Common Lodging Houses

At the end of the year there were five registered common lodging houses in the City, comprising 26 sleeping rooms and affording nightly accommodation for 280 males, four females and four couples.

The total number of persons accommodated during the year was 8,041. The nightly average was 214, representing 73·3 per cent of the accommodation available.

The following table shows the number of nights spent by single men, women, young persons and couples in common lodging houses during the year:—

Adults			8 to 21 years		Under 8 years	
Males	Females	Couples	Males	Females	Males	Females
76,949	1,092	—	—	—	—	—

All the houses have been lime-washed and cleansed in accordance with the requirements of the Byelaws made under the Public Health Act.

The total number of inspections made during the year was 91. There have been no cases of infectious disease reported during the year in any common lodging house. No difficulties have been experienced in gaining admittance, and it has not been necessary to resort to Police Court proceedings.

It is gratifying to report that, following representations and suggestions by the Department, the Salvation Army authorities have undertaken several improvements in the two large hostels which they



maintain in Bradford. New internal sanitary accommodation consisting of water closets and urinals on each floor has taken the place of the old conveniences out in the yard.

At one hostel ceilings have been underdrawn and entire redecoration of the premises is in progress. At the other, new staircases have been provided and cubicles have been constructed in certain bedrooms. The kitchens and serveries have been re-modelled, and the over-all improvement in the premises is pleasing.

### **Hygiene in Factories**

Subject to certain exceptions the Council are responsible for enforcing in all factories the provisions of the Factories Act, 1937, relating to sanitary conveniences, as well as the provisions dealing with cleanliness, overcrowding, temperature, ventilation and drainage of floors in factories where mechanical power is not used.

Much of the work, as in previous years, was in connection with the provision or alteration of sanitary accommodation. Some improvements were due to approved voluntary schemes, but in most cases the alterations were carried out at the request of the Council. It is regretted that, due to adverse trade conditions affecting the main industry of the City, some voluntary schemes for improving the standard of sanitary accommodation were held in abeyance during the year. There were also several instances where building licences could not be obtained. Many of the improvements included the installation of the latest types of materials and fittings.

On the whole a reasonable standard of cleanliness was found to exist in these places, and, although the limewashing of the walls and ceilings is still a common practice, the general tendency is to provide washable surfaces.

A full report will be found in the Appendix giving in detail the work carried out, and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

## Hygiene in Workplaces

These include places where persons are employed otherwise than in domestic service, but do not include factories and shops.

During the year 172 visits were made to workplaces for the purpose of inspection and supervision of work carried out. In most cases the work was in connection with voluntary schemes for constructing new or altering existing sanitary accommodation in offices. It is of interest to note that although the provision of washing facilities cannot be enforced under the present legislation, most schemes included such provision. As usual, the class of work, choice of fittings and materials were of a high standard.

It was observed that in offices more consideration was being given to internal decorations and artificial means of lighting. Full advantage was taken of the many delicate shades of coloured materials on the market for brightening the walls and ceilings, and fluorescent tube lighting was being more widely favoured.

A summary of the work executed in connection with workplaces will be found in the Appendix alongside those for factories.

## Outworkers

The register of outworkers was kept up to date and, where the lists of outworkers sent to this Authority included any person or persons whose place of employment was outside this district, the council in whose district those persons were employed was furnished with their names and addresses as required by Section 110 (2).

The number of outworkers' premises visited during the year was 140, which number includes all those newly registered. In all cases the premises visited were found to be satisfactory.

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service, will be found in the Appendix.

## **Rag Flock and Other Filling Materials Act, 1951**

There is now a standard of cleanliness for most of the filling materials that are commonly used in any form of upholstery including the stuffing or lining of bedding, toys and baby carriages, and during the year seven samples were taken and submitted to the prescribed analyst in accordance with the provisions of the Act. All the samples were found to be clean and satisfactory. It was observed that in most cases a written warranty regarding the cleanliness of the materials had been given by the manufacturers concerned.

With certain exceptions, it is an offence in the course of business to use any of the specified filling materials other than on premises that have been registered with the Authority, and during the year there were eight further applications for registration. The total number of such premises in the City at the end of the year was 27.

There was only one rag flock manufacturer and one rag flock store in the City that were subject to the provisions of the Act, and the annual licences in respect of the premises were renewed on application in each case.

## **Administration of the Shops Act, 1950**

The total number of shops on the register at the end of the year, including industrial and school canteens and nurseries, was 7,597, as compared with 7,355 last year. Food was sold in 4,686 of these premises.

Continuous inspection was carried out throughout the year and many minor breaches of the Act were found. For example, in 200 shops employers had failed to exhibit the notice referring to specific provisions of the Act, and they were cautioned in each case.

Special visits were made to 1,568 premises where female assistants were employed, and it was found that in 98 cases forms requiring seats for assistants had not been exhibited; in one case seats were not provided.

In 12 cases no notice was posted specifying the closing day. 110 shops had not exhibited the prescribed form relating to the weekly half holiday of shop assistants, and in 11 shops notices were not provided specifying the daily hours and meal times of young persons. In the retail shops employers had not fixed the abstract concerning the employment of young persons in 14 cases.

Ten shops, where mixed trades were carried on, did not exhibit notices of prohibited goods, and seven were open for the sale of goods after closing time on the half holiday. In three cases shops were open for sale after closing hours.

As regards Sunday trading, five shops were open for the sale of non-exempted articles, and in eight cases notices indicating which articles were for sale were not displayed.

In all cases of contravention of the Act a written warning was sent.

*Exhibitions*

During the year one application to hold an exhibition was received and the City Council granted the application.

*Hawkers and Pedlars*

During the year the City Police licensed 250 hawkers and 195 pedlars.

In a general survey of the number of shops in the City the following figures illustrate the distribution of shops in relation to the population:—

Bakers	..	..	..	..	..	1 shop for every	806 persons
Butchers	..	..	..	..	..	1 " " "	721 "
Confectioners..	..	..	..	..	..	1 " " "	662 "
Fish and Fruit	..	..	..	..	..	1 " " "	778 "
Public Houses	..	..	..	..	..	1 " " "	714 "
Sweets	..	..	..	..	..	1 " " "	793 "
Cafes, Restaurants and Snack Bars	..	..	..	..	..	1 " " "	1,003 "
Fish Fryers	..	..	..	..	..	1 " " "	1,014 "
Grocers	..	..	..	..	..	1 " " "	305 "
Wearing Apparel	..	..	..	..	..	1 " " "	520 "

## Rodent Control

During the year 1,805 properties were inspected and 1,048 were found to be infested by rodents. Of these, 576 were infested by mice and 472 were infested by rats. Of this latter, two were classed as major infestations. Dealing first with the 1,046 minor infestations, 2,040 ounces of poison were consumed. The number of bodies found was 470, but with the system adopted only a percentage of the bodies are recovered, and working on the formula laid down by the Ministry, it was estimated that 5,100 rodents were killed.

In dealing with the 2 major infestations, 48 pounds of bait were used and 68 ounces of poison were consumed. The number of bodies found was 39, and the estimated kill was 170.

Work proceeded in regard to the rats in the public sewers. Originally the City was divided into 33 areas; 5,195 manholes were examined and baited and 2,048 manholes were poisoned.

In all this work the baits used were sausage rusks and oatmeal, and in the vast majority of cases the poison used was zinc phosphide or warfarin. Where a second treatment was necessary, bread mash and arsenic were sometimes used as alternatives.

The number of routine visits also made to Corporation properties where infestation is likely (school dining centres and canteens, markets and abattoir, tramway depot canteens and Corporation tips, etc.) was 150, and infestations found were treated forthwith.

Details of premises infested and treated are as follows:—

Business Premises	..	..	..	..	..	265
Canteens	..	..	..	..	..	39
Cafes	..	..	..	..	..	45
Food Shops	..	..	..	..	..	113
Farms and Smallholdings	..	..	..	..	..	7
Private Dwellings	..	..	..	..	..	429
L.A. Properties	..	..	..	..	..	32
Schools and School Kitchens	..	..	..	..	..	61
B.C.P.T. Depots	..	..	..	..	..	7
Markets and Abattoir	..	..	..	..	..	43
Tips	..	..	..	..	..	7
Total	..	..	..	..	..	1,048



Post-mortem examinations have been performed on numbers of rats and mice killed in the City during the year as a routine check on the bowel organisms which may be carried by these dangerous reservoirs of infection. After disinfestation 105 premises were rat proofed.

### **Smoke Abatement**

During the year 19 complaints of smoke and four complaints of grit were investigated. A proportion of the complaints with respect to alleged smoke nuisances were in connection with the emission of smoke from chimneys other than those of factories.

There were 230 observations made of factory chimneys for periods of not less than 30 minutes' duration, and on 18 occasions black smoke was seen to be emitted for more than three minutes in the aggregate during a continuous period of half an hour. In one instance a nuisance was found to exist due to the emission of grit. A visit was made to all the premises where nuisances existed. On three occasions it was necessary to serve statutory notices. In other cases advice and a warning resulted in the abatement of the nuisance.

Although the number of nuisances arising from the emission of black smoke were few, there was too much smoke other than black emitted by certain sections of the industry. Such smoke could be greatly reduced if each firm would ensure that their plant was correctly operated, effectively maintained and not overloaded.

### **Measurement of Atmospheric Pollution**

The standard deposit gauges and the lead peroxide instruments were maintained at the five established stations, and the volumetric apparatus for measuring the mean daily concentration of sulphur dioxide and smoke in the atmosphere was in operation throughout the year.

#### *Deposit Gauges*

The monthly reports received from the City Analyst show that the annual deposit is less than that of the previous year. The approximate decreases being (a) tarry matter 58 per cent, (b) carbon 23 per cent, (c) ash 8 per cent, (d) sulphate 10 per cent, (e) calcium 11 per cent, (f) chlorine 19 per cent.



Such decreases are satisfactory, especially with regard to the carbon and the tarry matter, as such substances are evidence of the imperfect combustion of bituminous fuel, a large proportion of which is emitted from the domestic chimney. As the amount of deposit is directly affected by the rainfall and by the direction and velocity of the wind, the annual variations do not indicate the general trend in the area, and to obtain a reasonable indication it is necessary to consider the deposit over a period of at least five years. The Central and North Stations are the only ones that have been in operation long enough for this purpose.

The average of the total deposit of both stations for the last five years shows that, with the exception of the carbon and the ash, there has been a decrease over the previous five year period of (a) tar 30 per cent, (b) chlorine 15 per cent, (c) calcium 49 per cent, (d) sulphate 3 per cent, with increases of (e) carbon 5 per cent, (f) ash 3 per cent.

For many years the aim in industry has been to obtain greater thermal efficiency with less smoke when burning bituminous coal, but it is only in recent years that similar progress has been made with regard to the domestic grate. Therefore the ordinary open coal-burning grate is the principal method employed for heating the home, although it pollutes the atmosphere with volumes of low temperature smoke which contain much tarry matter.

Although the amount of matter collected in the gauges is affected by the atmospheric conditions it would appear that the decrease in the tarry solids may also have been affected by other factors. It is known, for instance, that the burning of bituminous coal in the smokeless types of domestic grates was discontinued in many cases when smokeless fuel became more plentiful. Also, there have been less prepared bituminous fuels burned, such as ovoids, which were rich in tarry matter.

## *Lead Peroxide Instruments*

Analyses of the samples collected at the five stations are given below in milligrams of  $\text{SO}_3$  per day per 100 sq. cms. of lead peroxide for the twelve months' period:—

Month			Britannia House	Heaton Reservoir	Bierley Hospital	Chellow Heights	Ambulance Station
January..	..	..	2.22	1.63	1.72	1.39	1.41
February	..	..	2.34	1.32	1.84	1.46	1.56
March ..	..	..	1.78	1.50	1.39	1.42	1.06
April ..	..	..	1.43	1.20	0.64	1.05	0.89
May ..	..	..	0.95	0.76	0.67	0.82	0.80
June ..	..	..	1.02	0.54	0.61	0.66	1.06
July ..	..	..	0.71	0.66	0.89	0.34	0.45
August ..	..	..	0.90	0.60	0.65	0.56	0.81
September	..	..	1.84	0.61	0.92	0.82	1.71
October ..	..	..	3.47	2.06	1.64	2.13	2.61
November	..	..	2.86	1.64	1.84	1.72	1.36
December	..	..	2.55	1.88	1.84	1.44	1.21

## *Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatus*

This apparatus shows the daily variation in the amount of sulphur dioxide and diffused smoke present in the atmosphere. For a while, after the apparatus was installed, it was left unattended during the week-end, and the mean concentration for the 48 hour period was taken as the average concentration for each of the days. As this did not indicate the correct concentration on either of the days, it was decided for a while to attend to the apparatus on the Sunday as well as on the Saturday, and this routine was commenced on the 22nd March.

Although the cause of the pollution during the week may be evenly shared between the domestic grate and industry, it is mainly domestic in nature during the week-end, as most industrial plants are inactive during the Saturday and the greater part of Sunday. Even so, the pollutants were not found to be always less concentrated at the week-end than during the week, and this could be accounted for by the fact that the concentration is directly affected by the atmospheric conditions, especially the wind movement.

It is difficult to assess the damage caused by atmospheric pollution to health, vegetation, buildings and other materials. The only obvious effects to be seen are the blackened surfaces of the buildings in the City. Although this grimy condition shows to some extent the amount of tarry and carbonaceous matter that has been deposited over the years, the stain produced by passing a known volume of air through the daily smoke filter indicates the urgent need for smokeless combustion in the home and in industry.

The figures given below show the highest, the average, and the lowest daily mean concentration of sulphur dioxide and smoke for each month of the year. They also show the percentage of days of each month when the sulphur dioxide was (1) below 0.1, (2) between 0.1 and 0.2, and (3) above 0.2 parts per million.

Month	Smoke expressed as milligrams per 100 cubic metres			Sulphur dioxide expressed as parts per million parts of air			Percentage of days (SO <sub>2</sub> )		
	High- est Value	Aver- age Value	Low- est Value	High- est Value	Aver- age Value	Low- est Value	Above 0.1%	0.1% 0.2%	Below 0.1%
January .. ..	75.69	39.77	13.13	23.16	13.16	5.66	3.23	58.06	38.71
February .. ..	140.89	50.26	20.65	63.77	16.61	8.09	24.13	55.17	20.70
March .. ..	56.39	41.73	13.60	21.84	12.49	3.91	6.60	56.70	36.70
April .. ..	55.04	31.59	13.76	17.68	9.95	6.49	Nil	40.00	60.00
May.. ..	40.80	21.38	6.60	12.84	7.51	3.95	Nil	16.40	83.60
June.. ..	40.80	19.52	6.80	9.27	5.41	2.97	Nil	Nil	100.00
July.. ..	39.86	13.03	3.40	8.86	5.04	2.07	Nil	Nil	100.00
August .. ..	41.29	16.94	6.88	9.23	5.04	2.83	Nil	Nil	100.00
September .. ..	42.30	20.02	13.60	10.61	6.48	2.76	Nil	6.60	93.40
October .. ..	44.46	24.97	7.31	23.93	8.26	7.00	9.70	51.60	38.70
November .. ..	108.37	51.75	7.31	37.69	16.71	6.00	30.00	23.40	46.60
December .. ..	137.45	59.49	20.89	46.10	18.60	10.22	29.00	71.00	Nil

## Housing

This year a policy has been followed of dealing with only a few individually unfit houses for demolition under Section 11 of the Housing Act, 1936, but it will now be necessary to represent more of these cases, as certain properties are depreciating rapidly and will otherwise become dangerous.

As much use as possible has again been made of the power to enforce repairs under Section 9 of the same Act, but the "reasonable cost" clause is putting more and more houses outside the scope of the section. Patchwork repairs under the Public Health Act are but a temporary expedient, and it is hoped that the coming year will see a resumption of slum clearance with Ministerial backing.

Details of the work carried out under Parts 2, 3 and 4 of the Housing Act, 1936, are shown in the Appendix. In many instances, however, closing orders were made under the Bradford Corporation Gas and Improvement Act, 1871, instead of invoking demolition procedure under the Housing Act. Thus premises totally unfit for such purpose were prevented from being used as dwellings without interfering with interlocked properties, but, unfortunately, some owners elected to demolish when the houses became vacant, thus defeating the object of the action taken, and, in some cases, causing decay to develop in adjoining properties.

During the year confirmation of the clearance area represented in 1951 was received, covering 30 houses in Tumbling Hill Street, but in some cases the period allowed for vacation of the premises was twelve months, and the area was not cleared during 1952.

The Department has successfully represented many cases of over-charging to the Tribunal established under the Furnished Houses (Rent Control) Act, 1946, and reductions have been thereby effected. In three cases prosecutions were undertaken where it was ascertained that rents in excess of those fixed by the Tribunal were being charged. Fines were imposed in two cases and one was dismissed.

### **Rehousing Work**

An inspection is now made of the effects of all persons who are applicants for tenancies of Corporation houses when the applicant qualifies under the "points" scheme for a house. Further, an inspection is made of the houses involved when tenants make application for transfers or exchanges, and all vacant Corporation houses are inspected before they are re-allocated.

To this end, during the year 1952, 2,332 visits were made by the Housing Inspectors. Of these, 1,531 inspections were made of the premises occupied by applicants for Corporation houses, and 286 were found to be verminous. The tenants of 150 of these verminous houses were subsequently rehoused, and disinfestation was carried out in each case prior to removal.

The number of inspections made of Corporation houses involved in transfers or exchanges was 225, and 13 were found to be verminous. Unoccupied houses inspected numbered 367, and 41 were found to be verminous. These houses were disinfested prior to re-letting. In all, 197 visits were abortive, for in many cases the applicant had gone away without informing the Estate Office of the change of address, or, in the case of transfers, the applicant had suffered a change of mind.

### **Points System—Medical Cases**

For some time it was the practice for applications for Corporation houses to be weighted with additional points on medical grounds. However, on 1st June, 1952, the new points scheme adopted by the City Council came into operation.

This scheme makes provision for rehousing cases supported by the Medical Officer as meriting priority as cases of urgent necessity on medical grounds.

The investigation of the existing housing circumstances of such cases following submission of medical certificates has necessitated many visits and inspections by the Housing Inspectors. From June 1st to December 31st, 562 such cases were considered and in all, 65 such cases were supported for priority, of which latter figure 38 were cases of active tuberculosis.



## Bradford Corporation Act, 1949

### *Establishments for Massage or Special Treatment*

The policy of the Health Committee was continued during the year of refusing to grant licences to applicants wishing to set up in business or purchase existing establishments, for massage or special treatment, who did not possess suitable qualifications, so far without any appeal being made to the Court against the decision of the Committee, as is provided by Section 95 of the Act. Four such applications were refused during the year.

The number of current licences in force at the beginning of the year was 92. This number was increased to 96 before the annual licensing meeting of the Committee on the 29th of October, by the granting of four new licences, and one application was refused during this period.

At the annual licensing meeting, 90 persons applied for renewal of their licences, all the applications being granted. One person applied for transfer of an existing licence to a new establishment, which was granted, and one new application was refused.

Applications for the renewal of six licences were not made, due to the fact that two persons had died, one person had left the City, and three persons had ceased to practise.

It was reported to the Committee that all the establishments had been recently re-inspected, and that only two minor breaches of the byelaws had been observed, against 51 breaches reported the previous year. In both cases the licensed persons concerned took steps to comply with the byelaws forthwith.

Following the annual licensing meeting, two further new applications were considered by the Committee at subsequent meetings and both applications were refused, due to the unsuitable qualifications of the applicants. Two current licences lapsed by reason of the persons concerned leaving the City.



The position at the end of the year is that there are 88 current licences in force in respect of 87 establishments, and, summarising the action of the Committee for the year in this connection, 90 licences were renewed, five new licences were granted, one transfer was granted, four applications for new licences were refused, and eight current licences lapsed.

With regard to the "Registered Members" under the provisions of Section 68 of the Act, which exempt members of the Chartered Society of Physiotherapists from licensing, subject to the proviso that a certificate signed by two registered medical practitioners, practising or residing in the City, not being in partnership with each other and not having any financial or other interest in the establishment, as to the suitability of the person or persons concerned, be lodged with the Corporation, the necessary certificates were received in respect of the three such establishments in the City.

### *Hairdressers and Barbers*

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 394 such premises on the register, and during the year 415 visits were made to them. Generally speaking the majority of the proprietors endeavoured to maintain a good standard of hygiene. Several contraventions of the bye-laws were observed during these visits, mostly of a minor character. Occupiers were warned either verbally or by letter, and upon re-inspection conditions were found to be satisfactory.

### **Disinfection and Disinfestation**

This work is carried out at and from premises in Canal Road established some 47 years ago. In recent years the premises and equipment have been modernised, and now special equipment is sited there for the cleansing of filthy and verminous persons, and for the eradication of

head lice and fleas. During 1952 one of the two steam disinfecting machines was adapted to operate with formaldehyde vapour as an alternative to steam, and thus make possible treatment of certain articles which are damaged by steam.

This latter process is still at the experimental stage, although very good results have already been obtained when testing with cultures. These tests will be concluded during the coming year.

In 1952, 769 houses and 3,965 articles were disinfected, 544 houses containing 1,268 rooms were disinfested, and 418 treatments for scabies, head lice, body lice, etc., were given. The steam disinfecting machines were used for 284 operations.

## **Water Supply**

The following report on Bradford's water supply has been prepared with the assistance of Mr. G. F. Renton, B.Sc., M.I.C.E., M.I.W.E., Waterworks Engineer.

### *(i) Quality and Quantity*

The water supply to the area of the City supplied by the Corporation has been satisfactory both in quality and quantity.

### *(ii) Bacteriological Examination*

Bacteriological examinations have been made on 579 samples taken throughout the area of supply and at the treatment plants. All water supplied is filtered and chlorinated, and 92 per cent of the samples of treated water showed a zero count of Bact.Coli per 100 c.c's.

Chemical Analysis.—The following is a typical chemical analysis:

“Sample from air valve on 24 in. diam. main, 11 a.m. 4/9/52:

	Parts per million		
Total solids .. ..	..	..	80
Chloride .. ..	..	..	12
Nitrite .. ..	..	..	Nil
Nitrate .. ..	..	..	0.01
Free ammonia .. ..	..	..	0.01
Albuminoid ammonia ..	..	..	0.04
Total hardness .. ..	..	..	50
pH .. ..	..	..	7.0
Iron as Fe .. ..	..	..	0.2

These waters are of good organic purity. The amount of iron is rather high.”

### (iii) *Plumbo Solvency*

Waters from two reservoirs (Stubden and Thornton Moor) are liable to be plumbo solvent, and lime is added to correct this tendency.

The following table shows the average results of analyses for plumbo solvency of water as distributed in 1952:

High level water supply—		Lead	pH Value
35 samples—first draw ..	..	0.0000	6.8
After running to waste ..	..	0.0000	6.9
Intermediate level water supply—			
39 samples—first draw ..	..	0.0000	7.2
After running to waste ..	..	0.0000	6.9
Low level water supply—			
42 samples—first draw ..	..	0.0000	7.2
After running to waste ..	..	0.0000	7.3

### (iv) *Contamination*

Contamination of the service reservoir at Horton Bank was experienced early in the year. The condition of the water was kept satisfactory by periodic chlorination, and a plant for the permanent chlorinating of the water at the outlet is in course of construction.

In addition, the land adjoining the reservoir has been drained, and the grounds have been closed to the public.

v) *Number Supplied with Water*

The area of supply of the Corporation includes the whole of the City with the exception of Esholt.

				Number of Dwellinghouses	Number of Population
City .. ..	(1)	94,797	288,000		
Esholt.. ..	(2)	134	400		
Area of supply ..	(3)	94,663	287,600		

(These figures are approximate).

All the dwelling-houses in (3) are supplied from public water mains direct to the houses with the exception of 110 which, as yet, have no piped supply. These premises, mostly in outlying districts, draw water from wells, springs, etc., but, as previously reported, it is anticipated that water will be piped to these premises in the not too distant future.

There are no stand pipe supplies.



## Appendix





## Report of a Glutamic Acid Therapeutic Trial

*(abridged)*

J. N. LEEDHAM, M.B., CH.B., D.P.H.

A group of workers in America first used glutamic acid along with other anti-convulsants in the treatment of epilepsy. They found that petit mal and other psychomotor types of fit were made less frequent, but that grand mal remained unaffected. Animal investigations, using rats, showed that a group of rats fed on glutamic acid was able to learn standard mazes, in order to reach food, quicker than a control group. It also appeared that glutamic acid enabled the experimental group to learn more complicated mazes than the control group. These results stimulated other workers to investigate the learning ability of human subjects, when fed on the acid. They claimed that the subjects (mainly mentally subnormal children and adolescents), who were taking the acid, advanced mentally far quicker than the controls—showing an increase in intelligence quotient which was statistically significant.

With the object of trying to substantiate these claims by similar experimental methods, it was decided to conduct a trial on a group of mentally defective children attending the Bradford Occupation Centre.

Twelve pairs of children and adolescents were chosen for the trial, each pair being matched for sex, chronological age, mental age and type. By random selection one of each pair went into the trial group, and the other went into the control group. The identity of the groups was unknown to the workers in the field.

Each child was assessed mentally by a battery of intelligence and performance tests. The glutamic acid was administered as a powder in a dosage of 10 grammes daily for six months to those in the trial group, and a bland harmless powder was administered to the control group. At the end of the experimental period, the children were again assessed mentally by a similar battery of tests.

The results of the mental tests were analysed for changes of statistical significance. Although minor changes in intelligence quotient were noted in some children, they occurred in both groups, and were not significant. Nor could it be shown that the glutamic acid even delayed deterioration of intelligence quotient in the trial group.

### *Conclusion*

It would appear reasonable to conclude, therefore, that the Bradford trial had failed to demonstrate that the ingestion of 10 grammes of glutamic acid daily, over a period of six months, would increase the intelligence of low grade mental defectives. The early experiments on mentally subnormal children and adolescents, performed by American workers, have been criticised on the grounds that the controls were inadequate, the trial groups were known to those performing the battery of tests, and that statistical methods were not correctly applied in analysing the results.

Further investigations in this field, both in America and the United Kingdom, when the experimental procedure has been as accurate as possible, have shown controversial results. However, such work serves to demonstrate the desirability of a large scale trial, properly conducted, with adequate controls, as even a small increase in intelligence quotient in a borderline group would have far-reaching effects both socially and economically. It would be interesting to include a large number of children attending a special school for educationally subnormal pupils, in a similar trial. Such children are within striking distance of normality and economic self-sufficiency, and would obviously benefit most if they could be helped to attain independence and freedom from supervision.

**Table 1** *Dental Care of Expectant and Nursing Mothers and Pre-School Children.**Summary of Work Done, 1952*

Source	Temporary Teeth			Permanent Teeth											Silver Nitrate Treatment		
	No. of Patients	No. of Visits	Extractions	Fillings	Extractions	Fillings	Scaling and Cleaning	Dentures and Repairs	Polishing and Trimming	Dressings	Regulations and Crowns	General Anaesthetics	Local Anaesthetics	Ginge-ectomy		Nerve Extractions	Root dressings and Fillings
St. Luke's Hospital Ante-Natal ..	73	227	—	—	185	84	25	11	25	22	—	54	27	—	3	6	—
Child Clinic Ante-Natal ..	175	567	—	—	458	95	45	57	38	55	—	155	53	4	—	—	—
Child Clinic—Infants...	884	1137	1471	94	—	—	1	—	16	37	—	964	3	—	—	—	2
Child Clinic—Day Nursery Children	320	15	38	260	—	—	—	—	—	2	—	22	—	—	—	—	54
School Children ..	72	283	—	—	1	74	1	23	36	11	33	5	12	—	8	15	—
Occupation Centre	22	22	48	—	9	—	—	—	—	—	—	18	4	—	—	—	—
Grassington Sanatorium ..	122	7	—	—	61	69	—	23	8	16	—	1	49	—	—	—	—
Totals	1668	2258	1557	354	714	322	72	114	123	143	33	1219	148	4	11	21	56

**Table 2**      *Grading of Food Premises, 1952*

Trade	Grading at present time			Graded as "B" in 1951. Up-graded to "A" in 1952
	"A"	"B"	"C"	
Bakers .. .. .	341	16	—	43
Butchers .. .. .	374	25	—	16
Confectioners .. .. .	425	11	—	40
Fish, Fruit and Game ..	362	8	—	25
Grocers .. .. .	911	35	—	108
Public Houses .. .. .	371	35	—	46
Restaurants and Cafes	267	20	—	31
Tripe .. .. .	41	2	—	6
Ice Cream and Drinks..	11	—	—	—
Fish Friers .. .. .	284	11	—	40
Potato Crisp Manufacturers	2	—	—	—
Industrial Canteens ..	295	35	—	103
Clubs .. .. .	116	4	—	3
Sweets .. .. .	360	3	—	18
Pickle Manufacturers ..	2	—	—	—
School Dining Rooms and Kitchens .. .. .	166			
School Nurseries ..	25			
Day Nurseries .. .. .	9			
Industrial Nurseries ..	4			
Basement Bakehouses..	15			

There are now 4,686 premises within the City where food is sold, handled or prepared for human consumption.

**Table 3**      *Table showing Number of Samples Procured and Examined  
in 1952*

Nature of Sample	Number sub- mitted	Statutory Sample		Informal Sample	
		Genuine	Adult- erated	Genuine	Adult- erated
Almond Flavouring .. .. .	1	—	—	1	—
Almond Tart .. .. .	4	—	—	4	—
Apple Tart.. .. .	1	—	—	1	—
Aspirin .. .. .	1	—	—	1	—
Baking Powder .. .. .	7	—	—	7	—
Barley .. .. .	2	—	—	2	—
Beans in Tomato Sauce .. .. .	2	—	—	2	—
Beef Sausage .. .. .	24	—	—	23	1
Beef Sausage Meat .. .. .	1	—	—	1	—
Beef Paste.. .. .	4	2	—	1	1
Beef Suet .. .. .	6	—	—	6	—
Beef and Vegetable Weaning Food .. .. .	1	—	—	1	—
Bilberries in Syrup .. .. .	1	—	—	1	—
Bilberry Tart .. .. .	1	—	—	1	—
Biscuits .. .. .	2	—	—	2	—
Black Pudding .. .. .	2	—	—	2	—
Blancmange Powder .. .. .	5	—	—	5	—
Blood Mixture .. .. .	1	—	—	1	—
Blood and Stomach Pills .. .. .	1	—	—	1	—
Boracic Crystals .. .. .	1	—	—	1	—
Brawn .. .. .	2	—	—	2	—
Bronchitis Cure .. .. .	1	—	—	1	—
Bun Flour .. .. .	1	—	—	1	—
Buns .. .. .	1	—	—	1	—
Butter .. .. .	3	2	1	—	—
Butterkist Popcorns .. .. .	1	—	—	1	—
Cake and Sponge Mixture .. .. .	3	—	—	3	—
Chest and Lung Syrup .. .. .	2	1	—	1	—
Chicken Flavoured Savoury .. .. .	1	—	—	1	—
Chicken Meat Paste .. .. .	1	—	—	1	—
Chocolate Coconut Pieces .. .. .	1	1	—	—	—
Chocolate Cone .. .. .	1	—	—	1	—
Chocolate Cream Cake .. .. .	1	—	—	1	—
Chocolate Fingers.. .. .	1	—	—	1	—
Cocoa .. .. .	1	—	—	1	—
Coconut .. .. .	2	—	—	2	—
Coffee .. .. .	1	—	—	1	—
Coffee and Chicory Essence .. .. .	1	—	—	1	—
Composition Essence .. .. .	1	1	—	—	—
Condensed Milk .. .. .	1	—	—	1	—
Cornflake .. .. .	1	—	—	1	—
Cornflour .. .. .	1	—	—	1	—
Cornish Pasty .. .. .	3	—	—	3	—
Cornish Cream Caramel .. .. .	1	—	1	—	—
Cough Pastilles .. .. .	1	—	—	1	—
Crab Paste.. .. .	3	—	—	3	—
Cream of Tartar .. .. .	2	—	—	2	—
Curd Tart .. .. .	1	—	—	1	—
Curry Powder .. .. .	1	—	—	1	—
Custard Powder .. .. .	1	—	—	1	—
Custard Tart .. .. .	1	—	—	1	—
Cut Peel .. .. .	2	—	—	2	—
Cydrax .. .. .	1	—	—	1	—
Desiccated Coconut .. .. .	1	—	—	1	—



**Table 3** *contd.*

Nature of Sample	Number sub- mitted	Statutory	Sample	Informal	Sample
		Genuine	Adult- erated	Genuine	Adult- erated
Dried Marrowfat Peas .. .. .	1	—	—	1	—
Dried Sage .. .. .	1	—	—	1	—
Eccles Cakes .. .. .	1	—	—	1	—
Fish Cake .. .. .	5	—	—	5	—
Fish Paste .. .. .	2	—	1	—	1
Flaked Rice .. .. .	2	—	—	2	—
Flavouring Essence .. .. .	1	—	—	1	—
French Bun .. .. .	1	—	—	1	—
Fruit Chutney .. .. .	1	—	—	1	—
Fruit Pie .. .. .	1	—	—	1	—
Full Cream Milk .. .. .	1	—	—	1	—
Gooseberry Pie .. .. .	1	—	—	1	—
Grapefruit Crush .. .. .	1	—	—	1	—
Gravy Browning .. .. .	1	—	—	1	—
Gravy Powder .. .. .	1	—	—	1	—
Ground Almonds .. .. .	1	—	—	1	—
Ground Cinnamon .. .. .	1	—	—	1	—
Ground Nutmeg .. .. .	2	—	—	2	—
Ground Rice .. .. .	1	—	—	1	—
Honey .. .. .	1	—	—	1	—
Ice Cream .. .. .	27	1	—	26	—
Indigestion Tablets .. .. .	2	—	—	2	—
Jam .. .. .	12	—	—	12	—
Jelly Crystals .. .. .	3	—	—	3	—
Lemon Cheese Tart .. .. .	1	—	—	1	—
Lemonade Crystals .. .. .	1	—	—	1	—
Liver Sausage .. .. .	1	—	—	1	—
Lobster Paste .. .. .	1	—	—	1	—
Malt Vinegar .. .. .	7	—	—	7	—
Marshmallow Cream .. .. .	1	—	—	1	—
Meat Paste .. .. .	11	—	—	10	1
Meat Pies .. .. .	12	—	1	8	3
Meat Roll Breakfast Fry .. .. .	1	—	—	1	—
Milk .. .. .	857	29	7	802	19
Milk Chocolate Wafers .. .. .	1	—	—	1	—
Mincemeat .. .. .	11	1	2	7	1
Mints .. .. .	1	—	—	1	—
Mixed Spice .. .. .	4	—	—	4	—
Mustard .. .. .	3	1	—	2	—
Nutty Butters .. .. .	1	1	—	—	—
Oatmeal .. .. .	1	—	—	1	—
Orange Squash .. .. .	3	1	—	2	—
Parkin .. .. .	1	—	—	1	—
Parmosan Cheese .. .. .	1	—	—	1	—
Pate-de-Foie-Gras .. .. .	1	—	—	1	—
Peanut Butter .. .. .	1	—	—	1	—
Pepper .. .. .	5	—	—	5	—
Peppermint Flavour Composition .. .. .	1	—	—	1	—
Phensic .. .. .	1	—	—	1	—
Pile Cure .. .. .	1	1	—	—	—
Polony .. .. .	1	—	—	1	—
Pork Luncheon Meat .. .. .	1	1	—	—	—
Pork Sausage .. .. .	6	—	—	4	2
Potted Meat Paste .. .. .	10	1	1	7	1
Processed Peas .. .. .	3	—	—	3	—
Puddings .. .. .	5	3	—	2	—

Table 3                      *contd.*

Nature of Sample	Number sub- mitted	Statutory Sample		Informal Sample	
		Genuine	Adult- erated	Genuine	Adult- erated
Rainbow Coconut.. ..	1	—	—	1	—
Real Lemon Juice .. ..	1	—	—	1	—
Rice .. ..	1	—	—	1	—
Rum .. ..	2	2	—	—	—
Saccharine Tablets .. ..	2	—	—	2	—
Sage and Onion Savoury.. ..	1	—	—	1	—
Salad Cream .. ..	3	—	—	3	—
Salmon Paste .. ..	4	—	—	4	—
Sardines .. ..	1	—	—	1	—
Sausage Roll .. ..	4	—	—	4	—
Savoury Duck .. ..	2	—	—	2	—
Self Raising Flour .. ..	5	—	—	5	—
Semolina .. ..	1	—	—	1	—
Sherry .. ..	1	—	—	1	—
Shortbread.. ..	1	—	—	1	—
Soft Herring Roes .. ..	1	—	—	1	—
Soup .. ..	3	—	—	3	—
Spaghetti .. ..	1	—	—	1	—
Stomach Tablets .. ..	1	—	—	1	—
Stoned Dates .. ..	1	—	—	1	—
Strained Beef Broth .. ..	1	—	—	1	—
Sweetened Cake Flour .. ..	1	—	—	1	—
Synthetic Cream .. ..	3	—	—	3	—
Syrup .. ..	1	—	—	1	—
Table Jelly .. ..	8	—	—	8	—
Tapioca .. ..	1	—	—	1	—
Tea.. ..	5	—	—	5	—
Tend-o-Nut (Coconut) .. ..	1	—	—	1	—
Throat Pastilles .. ..	1	—	—	1	—
Toffee .. ..	3	—	—	3	—
Tomato Juice Cocktail .. ..	1	—	—	1	—
Tomato Ketchup .. ..	4	—	—	4	—
Tomato Sauce .. ..	1	—	—	1	—
Tongue Paste .. ..	2	—	—	2	—
Vaseline .. ..	1	—	—	1	—
Vegetable Salad .. ..	1	—	—	1	—
Whisky .. ..	5	4	—	1	—
Yorkshire Pudding Mixture .. ..	1	—	—	1	—
Total .. ..	1220	53	14	1123	30

**Table 4**      *Feeding Stuffs Samples taken in 1952*

Balancer Layers	..	..	..	..	..	..	1
N.P.F. No. 1A Battery Layers' Mash	..	..	..	..	..	..	1
N.P.F. No. 1A Layers	..	..	..	..	..	..	3
No. 1 Pig Meal	..	..	..	..	..	..	2
No. 2 Pig Meal	..	..	..	..	..	..	3
Cow Ration	..	..	..	..	..	..	3

**Table 5**      *Fertilisers Samples taken in 1952*

National Growmore Fertiliser	..	..	..	..	..	..	4
All Blood Fertiliser	..	..	..	..	..	..	1
Sulphate of Potash	..	..	..	..	..	..	1
Sulphate of Ammonia	..	..	..	..	..	..	1
Muriate of Potash	..	..	..	..	..	..	1
Bone Meal	..	..	..	..	..	..	2

**Table 6**      *Meat Inspection—Carcases Inspected and Condemned, 1952*

				Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .. .. .	..	..	..	12,410	2,773	9,786	48,021	13,640
Number inspected .. .. .	..	..	..	12,410	2,773	9,786	48,021	13,640
<i>All Diseases except Tuberculosis:—</i>								
Whole carcasses condemned .. .. .	..	..	..	6	9	829	100	68
Carcasses of which some part or organ was condemned .. .. .	..	..	..	3,301	1,221	26	2,310	1,450
Percentage of number inspected affected with disease .. .. .	..	..	..	26.50	44.35	8.52	4.99	11.05
<i>Tuberculosis only:—</i>								
Whole carcasses condemned .. .. .	..	..	..	34	95	—	—	21
Carcasses of which some part or organ was condemned .. .. .	..	..	..	1,406	905	—	—	810
Percentage of number inspected affected with Tuberculosis (approx.) .. .. .	..	..	..	11.61	34.80	—	—	6.10

**Table 7**      *Whole Carcasses and Offal Condemned 1952*

			Bulls	Cows	Bullocks	Heifers	Calves	Sheep	Pigs
Decomposition (general)	..	—	—	—	—	—	1	1	—
Oedema (general)	..	..	—	1	1	—	27	35	8
Emaciation	..	..	..	3	—	—	—	56	3
Erysipelas (acute swine)	..	—	—	—	—	—	—	—	18
Fever (acute)	..	..	..	1	—	—	1	1	5
Immaturity	..	..	..	—	—	—	158	—	—
Jaundice	..	..	..	—	—	—	15	—	4
Pyæmia	..	..	..	—	1	—	625	2	3
Septicæmia	..	..	..	5	—	2	2	—	20
Tuberculosis	..	..	..	1	95	14	19	—	21
Moribund	..	..	..	—	1	—	—	5	4
Carcinoma	..	..	..	—	—	—	—	—	2
Sarcoma	..	..	..	—	—	—	—	1	—
Uraemia	..	..	..	—	—	—	—	—	1
Totals	..	..	..	2	104	17	21	829	89

The condemnation of partial carcasses and organs are shown in the following table :—

**Table 8**      *Partial Carcasses and Organs Condemned 1952*

		Partial Carcase	Lungs	Heart	Stomach	Intestine	Liver	Pluck	Udder	Head
Abscess	Beasts	10	8	—	102	21	986	—	46	61
	Sheep	7	—	—	—	—	280	11	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	9	—	—	—	—	—	32	—	24
Inflammatory Conditions	Beasts	2	16	126	116	72	130	—	140	—
	Sheep	1	—	—	—	—	—	—	—	—
	Calves	—	—	—	—	—	—	—	—	—
Parasitic Conditions	Pigs	4	—	—	—	56	—	61	—	—
	Beasts	—	206	—	—	56	7,051	—	—	40
	Sheep	2	—	—	—	—	1,986	46	—	—
Tuberculosis	Calves	—	—	—	—	—	—	—	—	—
	Pigs	—	—	—	—	—	189	—	—	—
	Beasts	20	1,132	94	331	365	230	—	—	389
	Sheep	—	—	—	—	—	—	—	—	—
Miscellaneous	Calves	—	—	—	—	—	—	—	—	—
	Pigs	5	—	—	—	144	—	195	—	368
	Beasts	117	46	22	122	44	560	—	13	—
	Sheep	14	—	—	—	—	21	—	—	—
	Calves	—	—	—	—	—	—	—	—	—
	Pigs	58	—	—	—	—	—	12	—	—

Table 9

*Total Weight of Meat Condemned, 1952**Home Killed*

Beef: whole carcasses	..	..	..	..	69,452 lbs.
part	..	..	..	..	9,224 lbs.
Sheep: whole	..	..	..	..	3,495 lbs.
part	..	..	..	..	226 lbs.
Calf: whole	..	..	..	..	27,712 lbs.
Pig: whole	..	..	..	..	12,113 lbs.
part	..	..	..	..	2,082 lbs.
Total	..	..	..	..	124,304 lbs.

*Imported Meat and Other Goods*

Beef	..	..	..	..	..	1,186 lbs.
Pork	..	..	..	..	..	109 lbs.
Tripes	..	..	..	..	..	558 lbs.
Sausage	..	..	..	..	..	8 lbs.
Ham	..	..	..	..	..	24 lbs.
Total	..	..	..	..	..	1,885 lbs.

*Weight of Offals Condemned*

Beef	..	..	..	..	..	167,585 lbs.
Sheep	..	..	..	..	..	4,384 lbs.
Calves	..	..	..	..	..	7,290 lbs.
Pigs	..	..	..	..	..	11,481 lbs.
Total	..	..	..	..	..	190,740 lbs.

Total weights of meats condemned 316,929 lbs., that is 143 tons, 5 cwts., 1 qr.  
1 st. 7 lbs.



Table 10

*Various Condemned Foods, 1952*

					tons	cwts.	qrs.	lbs.
Apples	..	..	..	..	—	6	3	4
Apricots	..	..	..	..	—	—	—	6
Blackcurrants	..	..	..	..	—	1	3	5
Cabbages	..	..	..	..	—	5	2	—
Carrots	..	..	..	..	5	3	2	—
Cauliflowers	..	..	..	..	—	9	—	—
Cereals	..	..	..	..	—	12	—	26
Cheese	..	..	..	..	—	2	—	3
Cherries	..	..	..	..	—	1	—	10
Chocolate and Sweets	..	..	..	..	—	10	2	14
Dried Eggs	..	..	..	..	—	—	—	14
Dried Fish	..	..	..	..	—	12	3	14
Fats	..	..	..	..	—	1	1	11
Flour	..	..	..	..	—	3	1	10
Mincemeat	..	..	..	..	—	—	2	14
Onions	..	..	..	..	5	1	2	—
Peas	..	..	..	..	—	2	—	—
Plums	..	..	..	..	—	13	3	12
Potatoes	..	..	..	..	2	1	2	4
Shellfish	..	..	..	..	—	—	3	23
Sugar	..	..	..	..	—	—	1	1
Swedes	..	..	..	..	2	8	2	—
Tomatoes	..	..	..	..	—	5	3	26
Wet Fish	..	..	..	..	1	13	2	22
Miscellaneous	..	..	..	..	—	9	—	24
Total	..	..	..	..	21	8	1	19

Table 11

*Condemned Tinned Goods, 1952*

								No. of Tins
Fish	..	..	..	..	..	..	..	887
Milk	..	..	..	..	..	..	..	1,265
Vegetables	..	..	..	..	..	..	..	3,401
Soup	..	..	..	..	..	..	..	662
Jam	..	..	..	..	..	..	..	4
Fruit	..	..	..	..	..	..	..	4,243
Miscellaneous	..	..	..	..	..	..	..	1,283
Total	..	..	..	..	..	..	..	11,745

In addition, the following weight of tinned meats was condemned:—

4 tons, 5 cwts., 2 qrs.

## Sanitary Inspections

**Table 12** *Particulars of Work done 1948-52*

<i>Routine Visits and Inspections:—</i>	1948	1949	1950	1951	1952
No. of Houses inspected under Public Health Acts .. .. .	6,515	6,755	6,393	8,190	11,465
No. of Houses in respect of which notices were served requiring defects to be remedied .. ..	3,052	2,958	2,497	3,170	3,164
No. of Houses where defects remedied after formal notice:—					
(a) By owners .. .. .	3,039	2,195	2,344	1,908	1,933
(b) By L.A. on default .. ..	358	335	194	106	166
No. of ordinary visits .. .. .	23,347	23,611	25,448	23,324	20,916
No. of Houses rendered fit without service of formal notices ..	1,047	875	831	841	756
No. of Houses inspected under Housing Acts .. .. .	—	—	—	411	913
No. of Houses in respect of which notices were served requiring repairs .. .. .	—	—	—	295	249
No. of Houses rendered fit after formal notice:—					
(a) By owners .. .. .	—	—	—	191	233
(b) By L.A. on default .. ..	—	—	—	28	29
No. of ordinary visits .. .. .	—	—	—	3,778	2,973
<i>Inspections and Visits:—</i>					
No. of complaints investigated ..	4,073	3,726	3,968	4,741	4,912
No. of ordinary visits and inspections (other than dwelling-houses) ..	1,826	2,181	1,933	2,232	2,156
No. of Factories visits and inspections	246	349	99	1,503	1,933
No. of Offensive Trade Premises visits and inspections .. .. .	121	140	152	140	145
No. of Schools inspected .. ..	96	148	124	127	215
No. of Graveyards inspected ..	10	1	2	3	9
No. of visits to Common Lodging Houses .. .. .	96	160	107	92	91
No. of Houses-let-in-lodgings visited	7	2	13	73	34
No. of Canal Boats inspected ..	—	—	—	—	—
No. of Cinemas visited .. ..	48	32	52	109	153
No. of Piggeries inspected .. ..	29	26	29	72	146
<i>Drainage and Sanitary Arrangements:—</i>					
Choked drains cleansed .. ..	588	633	732	683	682
Drains amended .. .. .	273	243	256	257	269
Drains reconstructed .. .. .	330	424	353	381	422
Extra drains provided .. .. .	123	124	204	261	294
Cellars drained .. .. .	3	6	9	15	6
Drains underneath houses abolished	7	3	3	1	6
Drainage systems intercepted from sewer .. .. .	7	10	10	16	5
Open drain inlets trapped .. ..	9	12	15	35	8
Waste pipes trapped .. .. .	42	45	68	75	9
Waste pipes disconnected .. ..	43	44	83	92	16
Rainwater pipes disconnected ..	70	81	72	116	57

Table 12 *contd.*

	1948	1949	1950	1951	1952
Rainwater conductors repaired or renewed .. .. .	889	750	860	707	901
Sinks replaced .. .. .	187	273	306	221	288
Sink waste pipes repaired or renewed	—	—	69	195	171
No. of Houses reported for provision of water closets .. .. .	63	97	108	103	22
Water closet pedestals renewed ..	210	96	108	134	144
Water closets and flushing apparatus repaired .. .. .	234	205	205	217	177
Water closets cleansed .. .. .	26	24	21	15	14
Water closet apartments cleansed and lime-washed .. .. .	25	44	15	3	4
W.C. apartments properly lighted and ventilated .. .. .	18	15	13	60	22
General repairs to water closets ..	391	339	314	327	278
Additional W.C. accommodation provided .. .. .	85	103	101	136	228
Soil pipes repaired and renewed ..	70	61	48	64	44
Indoor soil pipes abolished .. .. .	—	—	—	—	—
Privy apartments cleansed and lime-washed .. .. .	—	1	1	1	3
Privy structures abolished .. .. .	—	3	5	13	16
Ashpits abolished .. .. .	13	5	—	3	8
Absence of or defective dustbin referred to Cleansing Dept. ..	—	—	—	54	76
Urinals cleansed, amended, or screened .. .. .	9	11	5	13	19
Urinals remodelled .. .. .	1	1	1	2	—
New urinals provided .. .. .	—	—	1	1	1

*Dwelling-houses, etc.:—*

Dampness excluded .. .. .	699	610	836	781	1,225
Roofs repaired .. .. .	706	516	788	666	913
Houses or parts cleansed and lime-washed .. .. .	23	31	32	54	40
Verminous houses dealt with ..	85	81	97	57	157
Ventilation improved .. .. .	35	38	47	18	10
Windowcords repaired or renewed	674	1,016	1,235	936	1,084
Lighting improved .. .. .	10	16	8	9	1
General repairs executed .. .. .	2,109	2,377	2,541	2,155	2,378
Kitchen ranges repaired or renewed	213	246	234	248	247
Washing coppers provided or renewed .. .. .	48	68	60	54	42
Handrails provided .. .. .	3	2	2	8	3

Table 12 contd.	1948	1949	1950	1951	1952
New food stores provided and ventilated .. .. .	—	10	—	5	4
Water supply improved .. ..	110	140	166	150	308
Houses supplied with water ..	6	2	—	5	3
Outbuildings repaired .. ..	2	13	9	16	4
Overcrowding abated .. ..	—	—	20	10	—
Cellar areas cleansed ' .. ..	—	3	—	2	—
<i>Courts, Back-yards, Stable-yards, etc.:—</i>					
Yard and passage paving repaired	48	36	34	28	17
Yards repaved .. .. .	11	6	14	3	19
Yards and passages newly paved..	—	2	—	3	7
Yards cleansed .. .. .	9	12	9	16	16
Passages cleansed and limewashed	—	—	—	—	1
Manure pits repaired .. ..	—	1	1	—	—
Manure pits provided .. ..	—	—	—	—	—
<i>Keeping of Animals, etc.:—</i>					
Improper keeping of swine prohibited	—	2	2	3	2
Piggeries repaired .. .. .	—	—	—	—	—
New piggeries provided .. ..	1	1	—	—	—
Piggeries abolished or disused ..	—	—	2	1	1
Improper keeping of fowls, etc., prohibited .. .. .	15	21	15	16	5
Accumulations of offensive matter, etc., removed .. .. .	47	71	56	66	67
Accumulations of manure removed	3	3	3	2	7
<i>Infectious Diseases:—</i>					
No. of Infectious Diseases investigated	1,170	969	1,317	952	926
<i>Drain Testing:—</i>					
Number of volatile tests:					
Positive .. .. .	82	69	75	52	61
Negative .. .. .	810	723	740	620	544
No. of colour tests:					
Positive .. .. .	280	294	249	239	297
Negative .. .. .	1,231	1,335	1,383	1,453	1,503
Number of smoke tests (Rocket):					
Positive .. .. .	29	38	32	26	60
Negative .. .. .	68	88	75	81	143
<i>Miscellaneous Nuisances:—</i>					
Dangerous places referred to City Engineer .. .. .	49	80	73	118	90
Choked street gulleys reported ..	99	103	91	158	169
Wastes of water reported .. ..	56	57	46	111	158
Samples of water taken for:					
(a) Chemical Analysis .. ..	154	218	267	259	248
(b) Bacteriological Examination	249	371	386	297	295
Offensive Trades .. .. .	—	—	—	—	—
Effluvium Nuisances abated ..	13	8	10	9	24

The specialised work called for under the Factories Act, 1937, the Food and Drugs Act, 1938, etc., was carried out by specialist inspectors as follows:—

**Table 13** FACTORIES

*Inspections for Purposes of Provisions as to Health,  
Including Inspections made by Sanitary Inspectors*

	Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i)	FACTORIES in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	253	801	13	—
(ii)	FACTORIES not included in (i) in which Section 7 is enforced by Local Authorities .. ..	2,438	1,132	108	—
(iii)	Other PREMISES in which Section 7 is enforced by Local Authorities (excluding outworkers' premises) .. .. .	14	—	—	—
	TOTAL .. .. .	2,705	1,933	121	—

*Number of cases in which defects were found and action taken*

Particulars	Found	Remedied	Referred to H.M. Inspector	Referred by H.M. Inspector	Number of cases in which Prosecutions were instituted
Want of cleanliness (S.1) ..	82	71	—	11	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3)	17	13	—	1	—
Inadequate ventilation (S.4) ..	12	3	—	2	—
Ineffective drainage of floors (S.6) .. .. .	—	—	—	—	—
Sanitary accommodation (S.7) {	insufficient ..	12	6	—	—
	unsuitable or defective ..	99	75	—	—
	not separate for sexes .. ..	—	1	—	—
Other offences against the Act	220	118	—	14	—
(Not including offences relating to Home Work or offences under the Sections mentioned in the Schedule to the Ministry of Health (Factory and Workshops Transfer of Powers) Order, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937.)					
TOTALS .. .. .	442	287	—	55	—

**Table 14** *Summary of Work Executed in Factories and Workplaces 1952*

Summary of Work Executed						Factories	Work-places
No. of additional W.Cs. provided	..	..	..	..	..	52	18
No. of additional urinals provided	..	..	..	..	..	14	1
No. of obsolete urinals renewed	..	..	..	..	..	1	—
No. of existing conveniences provided with:							
(1) Sufficient ventilation	..	..	..	..	..	220	1
(2) Intervening ventilated spaces	..	..	..	..	..	266	—
(3) Notices indicating sex of user	..	..	..	..	..	65	—
(4) Effective screening	..	..	..	..	..	13	2
(5) Separate approaches	..	..	..	..	..	2	—
(6) Effective lighting by day	..	..	..	..	..	38	1
(7) Effective lighting by night	..	..	..	..	..	365	3
No. of Conveniences in connection with which:—							
(1) (a) Top and walls were white-washed, colour-washed or otherwise cleansed	..	..	..	..	..	60	1
(b) Surfaces were painted, renewed or satisfactorily cleansed	..	..	..	..	..	75	—
(2) Sanitary fittings were repaired	..	..	..	..	..	22	—
(3) General repairs to structure were carried out	..	..	..	..	..	60	—
(4) Drains, soil pipes, ventilating shafts were repaired or renewed	..	..	..	..	..	9	—
(5) Drains were cleansed	..	..	..	..	..	1	—
(6) Drains were amended or reconstructed	..	..	..	..	..	24	2
(7) New drains were provided	..	..	..	..	..	30	15
Drain Testing:—							
No. of colour tests—P	..	..	..	..	..	9	—
N	..	..	..	..	..	44	17
No. of volatile tests—P	..	..	..	..	..	1	—
N	..	..	..	..	..	2	—
No. of smoke tests—P	..	..	..	..	..	—	—
N	..	..	..	..	..	7	1
No. of hydraulic tests—P	..	..	..	..	..	—	—
N	..	..	..	..	..	—	—



Table 15

*Outworkers' List, Section 110*

Nature of Work	Lists received from Employers			Prosecutions failing to send in forms	
	Number of outworkers on the register, year ending 1952	Contractor	Workmen		
Wearing Apparel:					
(1) Making, etc.    ..    ..	} 47	79	171	—	—
(2) Cleaning and Washing    ..					
Furniture and Upholstery    ..    ..	2	1	4	—	—
Curtains and Furniture Hangings    ..	3	1	4	—	—
Household Linens    ..    ..	2	6	—	—	—
Umbrellas    ..    ..	1	1	—	—	—
Weaving (Burling)    ..    ..	51	150	334	—	—
Locks, Latches and Keys    ..    ..	1	1	—	—	—

**Table 16** *Inspections and Contraventions under the Shops Act, 1950, during 1952*

Number of shops on register (including canteens and kitchens)	7,597		
Number of shops visited where assistants are employed ..	2,382		
Number of shops visited where young persons are employed	118		
Total number of inspections .. .. .	7,877		
Offences Ascertained	No. of Offences	No. of Verbal Warnings by Letter	No. of Verbal Confirmed Warnings
Prescribed form relating to half holiday of assistants not displayed .. .. .	110	110	—
Correct meal times not allowed to assistants .. .. .	—	—	—
Half holiday not allowed to assistants.. .. .	—	—	—
Notice of day or weekly half holiday not fixed.. .. .	12	12	—
Shop open after closing hour on weekly half holiday..	7	7	7
Hawking on weekly half holiday after hour fixed by Order .. .. .	—	—	—
Shop open after closing hour fixed by Closing Order..	3	3	3
Selling in places after closing hour .. .. .	—	—	—
Official copy of Closing Order not displayed in shop ..	—	—	—
Notices not displayed in mixed shops after closing hour	10	10	—
<i>Sunday Trading Restrictions</i>			
Shop open for non-exempted sales .. .. .	6	6	5
Notices not displayed stating purpose for which shop open .. .. .	8	8	—
Without Form VII .. .. .	—	—	—
Assistants employed on more than three Sundays in a month .. .. .	—	—	—
Assistants not allowed a compensatory holiday ..	—	—	—
<i>Young Persons</i>			
Abstract relating to young persons not displayed—Forms H and J .. .. .	14	14	—
Young persons employed more than 48 hours per week .. .. .	—	—	—
Young persons employed in shop after being employed in factory for permitted hours .. .. .	—	—	—
Without schedule of young persons hours—Form F	11	11	—
Without overtime record—Form G .. .. .	—	—	—
Without notice relating to seats—Form K .. .. .	98	98	—
Young persons employed overtime in excess of yearly limit .. .. .	—	—	—
Overtime worked by young persons in more than 6 weeks .. .. .	—	—	—
TOTALS .. .. .	279	279	15

**Table 17**      *Results of Inspections and Action under Food and Drugs Act, 1938, and Shops Act, 1950, during 1952*

Complaints investigated .. .. .	84
Notices served .. .. .	—
Informal letters sent .. .. .	118
Notices complied with .. .. .	21
Food and Drugs Act, Section 13. Contraventions rectified:—	
(a) Sanitary conveniences in direct communication with food room amended .. .. .	6
(b) Drains in food premises abolished .. .. .	2
(c) Walls, ceilings, floors, windows and doors repaired .. .. .	85
(d) Walls, ceilings and doors painted, white washed or cleansed .. .. .	322
(e) Use of sleeping rooms directly connected to food premises discontinued .. .. .	3
(f) Ventilation provided or improved .. .. .	8
(g) Refuse removed and floors cleansed .. .. .	18
(h) Dirty clothing cleansed or removed and apparatus cleansed .. .. .	32
(i) Hot water, wash basins, soap and towels provided .. .. .	94
Industrial canteens visited .. .. .	531

Details of work executed:—

Additional sanitary accommodation provided .. .. .	9
Ventilated space provided for sanitary accommodation .. .. .	2
Water closet apartments lighted or ventilated .. .. .	3
Water closet apartments cleansed .. .. .	24
Water closet pedestals cleansed .. .. .	16
Water closet general repairs .. .. .	20
Water closet pedestals renewed .. .. .	6
Water closet flushing apparatus amended .. .. .	7
Waste water closet converted to W.C. .. .. .	1
Soil pipes renewed .. .. .	1
Waste water closets abolished .. .. .	1
Choked drains cleansed .. .. .	3
Drains amended .. .. .	3
Drains reconstructed .. .. .	8
Waste pipes trapped .. .. .	—
Sinks renewed .. .. .	24
Refuse bins provided .. .. .	2
Urinals cleansed .. .. .	1
Urinals amended or screened .. .. .	1
Verminous premises dealt with .. .. .	8
Prevention of Damage by Pests Act, 1949 .. .. .	20
Other nuisances .. .. .	14

Drain Testing:—

Number of volatile, colour and smoke tests—Positive .. .. .	11
Number of volatile, colour and smoke tests—Negative .. .. .	47
H.M. Inspector's reports investigated .. .. .	3
Reports to H.M. Inspector .. .. .	—

**Table 18**      *Atmospheric Pollution—Mean Monthly Deposits, 1952*  
*(Tons per Square Mile)*

Station	Total Solids	Undissolved Matter		Ash	Sulphate as SO <sub>4</sub>	Chlorine as Cl	Lime as Ca
		Soluble in CS <sub>2</sub> (Tarry Matter)	Insoluble in CS <sub>2</sub> (Combustible Matter)				
North	15.15	0.17	2.09	4.51	2.56	1.53	0.25
Central	19.26	0.24	4.14	6.10	2.69	1.75	0.37
Bierley Hall	12.01	0.16	1.95	3.03	1.85	1.13	0.26
Chellow Heights	11.31	0.15	1.43	2.73	2.46	1.39	0.35
Ambulance Depot	57.46	0.33	12.94	33.29	3.20	1.46	0.90

**Table 19**      *Atmospheric Pollution—Annual Deposits, 1942–1952*  
(Tons per Square Mile)

Year	Total Solids	Undissolved Matter		Ash	Sulphate as SO <sub>4</sub>	Chlorine as Cl	Lime as Ca
		Soluble in CS <sub>2</sub> (Tarry Matter)	Insoluble in CS <sub>2</sub> (Combustible Matter)				
North							
1942	201.50	2.78	23.81	67.45	25.39	21.75	4.36
1943	173.72	6.13	17.50	34.91	25.83	26.57	7.49
1944	201.22	5.35	19.75	36.48	30.71	32.83	10.88
1945	194.91	3.60	36.12	40.34	29.31	19.96	7.90
1946	157.63	4.05	20.40	31.48	36.17	24.43	8.31
1947	214.10	2.96	36.31	74.52	29.13	17.56	3.37
1948	166.39	3.46	23.76	38.04	21.20	16.14	1.76
1949	177.48	2.71	28.29	39.93	32.40	18.97	3.49
1950	162.97	2.07	28.31	55.42	25.21	19.85	3.49
1951	190.03	5.00	24.01	58.01	31.94	19.28	3.81
1952	181.90	2.06	25.10	54.23	30.77	18.39	3.04
Central							
1942	278.64	4.41	45.86	101.43	28.44	27.15	6.70
1943	234.77	6.42	36.20	70.88	26.40	24.82	8.58
1944	246.00	6.83	35.77	68.91	29.03	35.14	9.04
1945	276.86	3.82	53.35	80.20	34.34	23.20	8.61
1946	255.92	5.30	40.01	78.89	42.34	32.61	6.05
1947	232.00	4.25	45.41	81.11	31.20	22.11	5.26
1948	233.28	3.65	44.33	75.15	30.58	23.73	3.53
1949	222.77	2.89	37.46	60.27	38.00	24.51	4.53
1950	223.94	2.63	48.90	83.67	28.46	23.96	3.95
1951	250.08	6.35	49.03	78.57	32.60	33.13	4.68
1952	231.18	2.97	49.74	73.21	32.29	21.04	4.52
Bierley Hall							
1950	142.51	2.39	24.82	41.86	22.47	19.84	3.83
1951	172.76	3.78	23.69	44.42	32.06	16.32	4.93
1952	132.17	1.78	21.48	33.33	20.39	12.47	2.93
Chellow Heights							
1950	121.27	1.98	12.37	28.88	23.81	22.52	3.86
1951	143.45	3.56	10.16	27.70	27.99	17.70	7.93
1952	124.43	1.73	15.83	30.08	27.12	15.32	3.88
Ambulance Depot							
1950 (7 Mos)	455.69	3.70	162.61	240.67	15.43	12.39	2.53
1951	807.22	11.61	241.91	437.21	41.44	18.65	7.32
1952	689.49	3.98	155.38	399.56	38.44	17.59	10.88

Table 20

*Housing Statistics 1952*

1.	The number of houses which on inspection were considered to be unfit for human habitation .. ..	297
2.	The number of houses the defects in which were remedied in consequence of informal action by the Local Authority or their officers .. ..	47
3.	The number of representations made to the Local Authority with a view to:	
	(a) the serving of notices requiring the execution of works .. ..	212
	or	
	(b) the making of demolition orders .. ..	28
4.	The number of notices served requiring the execution of works .. ..	249
5.	The number of houses which were rendered fit after service of formal notices .. ..	262
6.	The number of demolition orders made .. ..	58*
7.	The number of houses in respect of which an undertaking was accepted under Section 11 of the Housing Act, 1936 .. ..	—
8.	The number of houses demolished .. ..	22
9.	The number of houses overcrowded on 1st January, 1952	1,519
10.	The number of houses becoming overcrowded between 1st January and 31st December, 1952.. ..	93
11.	The number of houses decrowded between 1st January and 31st December, 1952 .. ..	148
12.	The number of overcrowded houses on 31st December, 1952 .. ..	1,464

---

The number of houses closed as being unfit for human habitation under the Bradford Corporation Gas and Improvement Act, 1871 .. ..	27
--	----

\* This figure includes 30 houses represented in 1951 as a clearance area and confirmed as the Tumbling Hill Streets Clearance Order, in 1952.







